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ABSTRACT

Regardless of the size of the hospital, the librarian must acquire information for staff members by whatever means possible. Large hospitals with large staff, more information requests per week, and a better economic base will purchase a greater number of information materials. Small hospitals will purchase only the most basic reference books and bibliographies, and will depend on interlibrary loans to supply specific items for one-time use by individuals. Whether the librarian is purchasing or borrowing, she will need to know what types of materials are available (indexes, abstracts, texts, journals, reference books, etc.) and what kind of knowledge each type of material will provide. A loan request sent to another library includes the same descriptive data as a purchase order sent to a publisher or to a book agent. This handbook is mainly concerned with instruction for selecting and purchasing library materials. However, effective service through interlibrary loans requires just as much knowledge of basic bibliography: the world of books and journals and other information media. (Handbook No. 2 is available as ED 066 206) (Author)

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Hospital Library Handbooks

No. 3

PRINTED MATERIALS:

SELECTION AND ACQUISITION

by

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August, 1972

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PREFACE

Even though small hospitals are the target group for this handbook series, it continues to be purchased by hospitals of all sizes. This is very flattering to the author, but it presents some problems in writing. In this handbook some mention has been made of alternatives for larger libraries, but no depth of coverage has been attempted.

One of the major eastern hospitals intends to use the series as training material for library assistants. Perhaps this provides the key to the audience we are reaching. The basic but specialized information which is needed by librarians in small hospitals is the introductory material for work in large hospitals. This should not have been surprising, since all hospital libraries serve the same basic objectives of patient care and continuing education. If the library is small, the librarian has all the more need for a broad overview of the processes used in resource libraries. The methods used in resource libraries have a definite effect on their extension services to small libraries. Even though the basic objectives of the series remain the same, its usefulness may have a wider scope than was originally intended.

I would like to give special recognition and thanks to Priscilla Mayden, Librarian of the Spencer S. Eccles Medical Sciences Library, for her foresight in identifying the need for this series, for her encouragement all along the way, and for her helpful suggestions as first reader of the manuscripts. I would also like to thank Donald Ulmer, Director, Network for Continuing Education for taking the initial risk of a 500-copy press run on the first handbook. We were not sure we would sell that many. That first handbook has been reprinted twice. My own experience with the series has given me a liberal education in the problems of publishers -- an inside view of the other side of the book business. The experience has been most gratifying in every way.

Anne Cramer
August 2, 1972

INTRODUCTION

Regardless of the size of the hospital, the librarian must acquire information for staff members by whatever means is possible. Large hospitals with large staff, more information requests per week, and a better economic base will purchase a greater number of information materials. Small hospitals will purchase only the most basic reference books and bibliographies, and will depend on inter-library loans to supply specific items for one-time use by individuals.

Whether the librarian is purchasing or borrowing, she will need to know what types of materials are available (indexes, abstracts, texts, journals, reference books, etc.) and what kind of knowledge each type of material will provide. A loan request sent to another library includes the same descriptive data as a purchase order sent to a publisher or to a book agent.

This handbook is mainly concerned with instruction for selecting and purchasing library materials. However, effective service through interlibrary loans requires just as much knowledge of basic bibliography: the world of books and journals and other information media.

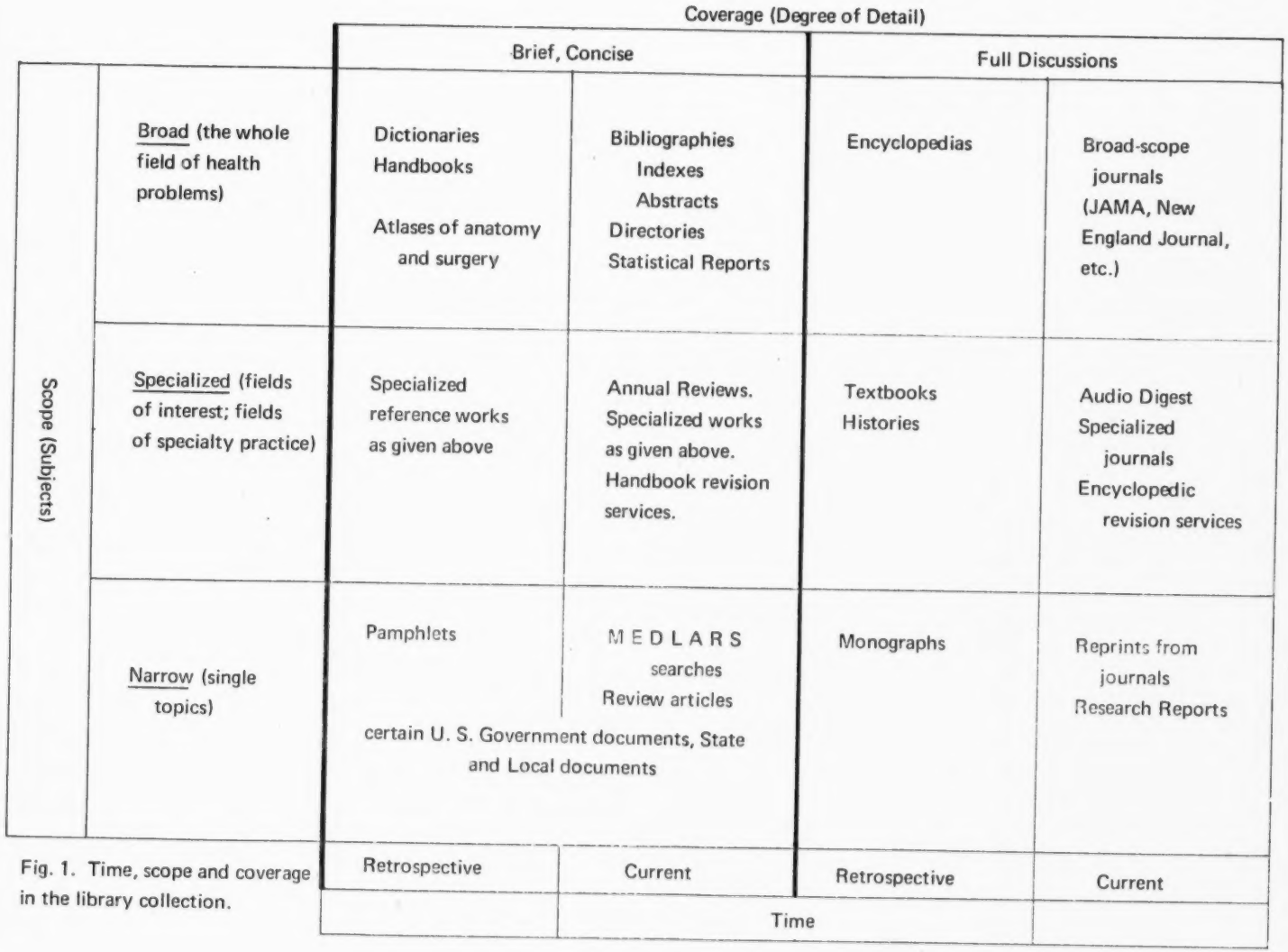


Fig. 1. Time, scope and coverage in the library collection.

FOUR DIMENSIONS OF MEDICAL LITERATURE

Whether we are describing indivdual publications or whole libraries, we can think of medical literature as having four dimensions:

viewpoint (written for doctors, nurses, or allied fields)

scope, (range of subjects covered: general , specialized or topical)

coverage (brief and concise, or full discussions)

time (current new developments, or well-established, retrospective information)

Each of the health professions has its own viewpoint of health care and its own special information needs. Each type of publication displayed in Figure 1 may be specially written for the doctor, the nurse, the dietician, or the laboratory techinician. The layman also needs specially-written information so that he can understand his own health care needs.

Scope is the subject content of the material: broad, specialized, or very topical. Figure 1 shows these as three distinct degrees, but actually there is a continuous gradation of specialization from broad-scope material, covering the whole of health care, to the single topic, such as the psychological aspects of organ transplants. In the field of nursing, examples of scope would run from Taber's general-scope Cyclopedic Medical Dictionary to a topical discussion on post-operative care for open heart surgery.

The whole library has its own viewpoint and scope. The library may serve only doctors. Nurses might be privileged to use the doctors' books, or the library may expand its viewpoint to include books written especially for the nurses. A small library might include only the most general material. It would depend on borrowing specialized materials from a resource library. In a large hospital, a ward collection might include only twenty books, all on obstetrics.

Coverage is the depth of detail provided by a library or by a single publication. A small library may include only the most concise information in reference books and bibliographies, plus a few basic texts and general-scope journals. The larger library will identify areas of special interest, and buy specialized journals and detailed monographs, increasing the depth of coverage in those areas.

The monograph is the type of publication having the greatest depth of coverage. It includes all known facts and theories, drawn together in a detailed narrative which fully develops the author's ideas on the topic. Because its coverage is so detailed, it must limit its scope to a single topic.

Time is the fourth dimension to be considered in medical literature. The gradations of time are also continuous, but we usually speak of scientific literature as current or retrospective.

Current literature tells what is happening right now, in research and in newly-introduced clinical practice. Current literature is issued in easy-to-publish form, such as journal articles and research reports. Knowledge increases by very small degrees. The first notice of a new trend in research is reported in a "brief communication" to the editor of a journal, or in a research report outlining the results of a single experimental project. Research reports are widely announced, through listing in journals and indexes, but are printed in very small quantities and distributed only on special request. When a series of many research experiments has produced a definite conclusion, the researcher writes a more extensive article for the journal.

From the date of a journal article announcing a new discovery in medicine, there is a time lag of about three years before its general acceptance in clinical practice. The information in a new edition of a medical textbook is at least three years old at the time the textbook is published. About five years will pass before the new practice is sufficiently established to be included in one of the standard reference books.

Types of Medical Publications

Wherever there is a widespread need, someone will establish a system for supplying that need. For each kind of information need, a special form of publication has been developed (See Fig. 1, p. 2). We have seen that a need for a full discussion of current work in a particular research project is provided by the research report. A brief summary of all current research in a single topic of medicine would be provided in a review article (usually published in a journal). Summaries of current work in a whole specialty field are given in books called annual reviews or yearbooks.

Some other special types of publications are:

Reference books

Reference books include all of those concise compilations of facts which are used in giving short answers to specific questions. People do not read them cover-to-cover, and usually there is no need for the reader to take them home from the library. Some types of reference books are:

Dictionaries. List of terms and their definitions, as they are used in medicine. Besides the general medical dictionaries, special dictionaries have been compiled for the terminologies of specialized fields of medicine and allied professions. Dictionaries are usually limited to the words in common use. New ideas require new words. Some computer-produced guides are being published for words which are introduced between editions of the major medical dictionaries.

Handbooks. Compilations of data, arranged for quick location of facts. A handbook usually includes many different kinds of data, such as formulas, abbreviations, tabulations of statistics and values, and short paragraph explanations. The World Almanac is typical. Other handbooks are compiled for specialized scientific fields.

Atlases of anatomy and surgery depend heavily on illustrations to demonstrate the relationships of different parts of the body, or to explain finer points of surgical procedures.

Directories are compiled and issued by professional and business groups so that the medical community can find addresses of institutions or of individuals. Often these directories are membership lists from organizations. There are also directories of commercial products giving names and addresses of manufacturers. Institutional directories list the names of key officials of institutions such as hospitals, charitable foundations, or government offices.

Revision services are issued in loose-leaf binder form. The purchaser pays an annual subscription price and receives new, updated pages throughout the year to substitute for the old, outdated pages. Revision services are very important in rapidly changing fields such as pharmacy. Some are single volumes giving handbook-type information (e.g.: Hospital Formulary). Others are multivolume works giving encyclopedic discussions of topics in a whole specialty field (e.g.: Tice Practice of Medicine). If the subscription is kept current, the revision service is dependable for the most current information. A revision service whose subscription has lapsed is no better than a handbook or textbook of the same age.

Encyclopedias are broad in scope and give short to medium-length discussions of the topics covered. They are considered reference books for these reasons:

+ The discussion does not go very deeply into the topic and, being short, can easily be read in the library.

+ Each volume of the encyclopedia covers such a broad range of subjects that the material is in constant demand.

+ The encyclopedia is organized and indexed for quick reference to specific topics.

Textbooks

Texts are designed for instruction, as a supplement to classroom and laboratory experiences. In scope and coverage they lie between reference books and monographs. In the hopsital library, textbooks are used in much the same way as reference books, to refresh the practitioner's memory or to broaden his knowledge beyond his formal training. Because of the texts' instructional value, they are often checked out of the library for use at home. A library may have to buy two copies of a text that is in heavy demand: one for reference and one for study. Another solution is to keep the latest edition for reference and to use the older edition for study at home.

Bibliographies

Bibliographies are listings of literature arranged in a format that provides easy access to whatever the user needs. A bibliography may list texts and monographs, or journal articles, or all forms of publication. It may list material according to subject or according to the author's name. It may be issued as a single unit, or may be continued at regular intervals as a periodical. If it lists only the bibliographical data (author, title, journal or publisher, etc.) we call the bibliography an index. It it also includes a synopsis of the original, we call the bibliography an abstract publication. It "abstracts" the main idea from the original writing. Trade bibliographies tell us what is available commercially, who sells it, and usually the price. Annual reviews (published annually as one volume), and review articles in journals, provide summaries of recent work in particular subject fields, with references to the major articles which describe the work in detail.

Some bibliographies try to cover a broad range of publishing; others cover only the holdings of a single library. When the library itself owns a significant part of the world publishing output, then its catalog is used as a bibliography by libraries across the nation. One of these is the National Library of Medicine Current Catalog. Many university medical centers have published their catalogs for regional use. Some of these are union catalogs, listing the holdings for several libraries in a region.

> If you have nothing else in your library, you must have good bibliographic aids. These publications are your key to finding and borrowing information materials from larger libraries.

MEDLARS searches are current bibliographies on specific topics, prepared on demand by the National Library of Medicine and its cooperating libraries. They are tailored to fit the needs of individual researchers, but many of these bibliographies are distributed later by NLM, upon request. See current issues of Index Medicus for titles of MEDLARS searches available. (Abridged Index Medicus does not carry these lists.)

Reprints

Reprints of journal articles are single articles printed separately from the original plates which were used in printing the journal. They can be obtained from the author of the article or from the publisher of the journal. Many health workers build sizable personal libraries by trading reprints of their own articles with their colleagues.

Compilations, or Collections

A compilation of short articles is often collected by an editor in order to bring together several writers' viewpoints on a single subject. Often these articles have been published in journals. Sometimes the author is invited to write a special article for the collection. The collection is then published together in one volume as a book, but each article can be read as an independent unit.

Monographs

A monograph is a written work which covers a limited field of knowledge in full detail. To satisfy this definition, a monograph is usually of book length consisting of several chapters. Each chapter serves a definite function in the logical development of the book's total subject, and each chapter must be read with the other chapters, if the reader is to get a complete picture of the intent of the author or authors. Sometimes the chapters of a monograph are written separately by different authors, but the monograph differs from a collection in the unity of the whole book and the interdependence of chapters.

Serials

Many publications are issued in parts over a period of time, but the parts have little in common except title, format, and editorial policy. Each new issue is read as an independent unit and repeats no material from previous issues. There is no planned end to the series; it continues to be issued as long as there is a need and a group of interested readers. All of these publications are called serials but they can take several forms.

Irregular serials have no planned frequency, but are issued whenever material is available. Such publications range from the exhibit catalogs of historical institutions, to the proceedings of special meetings.

Periodicals are published at regular, or "periodic" intervals: daily, weekly, bi-weekly (every other week, or 27 issues per year), semi-monthly (twice a month, or 24 issues per year), quarterly (every three months), annually, biennially, and even decennially (every ten years). However, in common use, the term periodical usually refers to several regular issues within a single calendar year. Other terms for periodicals are:

Magazines Popular peridicals intended for the general lay public.

Journals Periodic serials which contain current news and reports of activities in a particular scholarly or professional field. In all fields of science, including medicine, journals are the major form of publication.

Annuals are simply publications issued annually. Many are collections of specially-written review articles, summarizing a single year's activity in a particular research field or clinical specialty. Titles of these reviews are typically Annual Review of Biochemistry, Year Book of Surgery, Progress in Allergy, etc. One of the annuals for librarians, The Bowker Annual, combines the functions of annual review, statistical handbook, and directory.

WHAT IS A BOOK?

Throughout this discussion we have avoided the word book as much as possible, because the term has too many meanings to describe clearly what we mean in a given situation. When we do use the word book, we usually mean "not a journal." When we consider a book as a physical object we call it a volume. When we consider a book as a complete work -- an intellectual unit -- we call it a title.

For example, the Encyclopedia Britannica is one title in twenty-four volumes. Harrison's Principles of Internal Medicine is one title in six editions, meaning that it has been updated five times since the first edition of 1958. The sixth edition of this title, dated 1970, is published in two volumes.

If a questionnaire asks you how many volumes you own, this means how many physical units of material bound together. If the questionnaire asks for the number of titles you own, this means exactly what it says: all volumes of one journal are counted as a single title, and all editions and physical volumes of a text are counted as a single title.

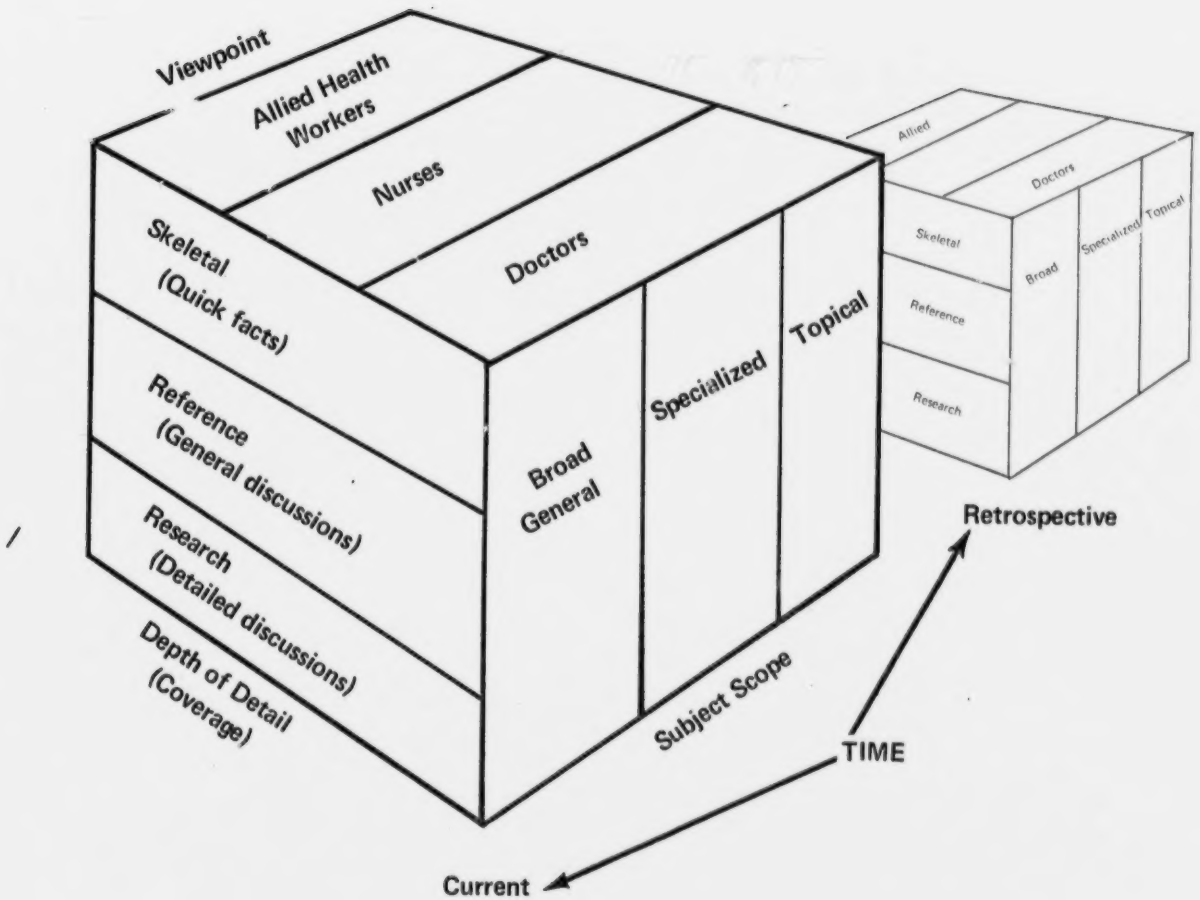


Fig. 2. Book Selection Policy in Four Dimensions.
Consider the large block of available information. What part of this block will you try to acquire for your own Library? How much can you obtain from other libraries in your region? Small hospitals will buy only the front cover of the block. Only large research libraries would consider collecting the whole block.

SELECTION POLICY AND LONG-RANGE PLANNING

The library's selection policy is one of the most important policy statements made by the Library Committee. A written selection policy is the blueprint on which the library collection will be built. Without such a plan there is no collection at all, but merely an accumulation. The selection policy is a joint effort of the Library Committee and the Librarian, with the Librarian taking the lead. You must provide the Committee with a firm starting point so that they will know what decisions must be made and what the alternatives are. You can do this by presenting a sample policy already written out, and inviting their comments and changes. However, you will stimulate more interest in the library and get better advice through a free discussion based on an outline. From a general outline you can suggest alternatives, make notes of decisions made in the discussion, and from those notes write a policy for final approval at the next meeting of the Committee.

Most of the decisions stated in the selection policy will be concerned with the clientele to be served, and the scope and coverage of the library collection provided for each group of library users.

Viewpoint

Who is to be served by this library? Doctors? Nurses? Hospital administrators? Nurses aides? Allied health professionals (dieticians, medical records librarians, social workers)? Technicians (laboratory, X-ray)?

Scope

What specialty fields and what specific topics will be needed for each user group?

Coverage

For each user group and for each degree of specialization in their materials, decide on the level of coverage required. Will you provide only the facts and summaries given in reference books, or will you also provide some discussions of ideas? William K. Beatty (1970, p. 73) gives us the following levels of coverage: A. Skeletal; B. Reference; C. Research; and D. Exhaustive.

Time

How will you provide both current and retrospective materials? Can you afford to provide current journals in many specialty fields, or will you depend on current bibliographies to locate materials to be borrowed? Perhaps staff size and budget allow no more than one general, current bibliography for each major user group on your staff. How long will you keep back files of journals?

Quantity

How many different titles of each type of material will you buy? One or two basic "core" titles? Some supplementary titles? Some hospitals might buy everything published in a few selected subjects.

Refer again to Figure 2. You will notice that decisions move from upper left to lower right, as the sizes of hospital, staff and library increase. A tiny hospital or nursing home with a medical staff of general practitioners will provide only broad scope, concise reference materials, some textbooks in a few major professions or specialty fields, and some journals and current bibliographies of broad scope. A maternity, orthopedic, or pediatric hospital would be expected to add reference books, journals, bibliographies, and some monographs in its own specialty field. A large city hospital offering many specialized services would provide scope and coverage in all of those specialties, as well as greater quantities of general materials.

Only the largest research library would be expected to provide the entire range of viewpoint, scope, coverage, time-span and quantity in its library collection. However, even the smallest nursing home should be prepared to offer full library service to its staff through basic bibliographies, interlibrary loans, and referral of reference questions to larger libraries.

Sample Selection Policy

Selection Policy
Health Sciences Library
St. Nicholas Children's Hospital

Revised
March 12, 1972
by resolution of the
Library Committee

Purpose

This selection policy provides guidelines for building and maintaining a collection of information resources adequate for the current needs of the professions and occupations represented on the staff of this hospital. All library acquisitions, whether purchases or gifts, shall conform to this policy.

Definitions

Scope of the collection refers to its subject content, identifying:

1) materials of broad, general subject content (i.e., the entire field of health care); 2) specialized materials covering particular areas of interest; and 3) topical materials giving full development of narrow subjects.

Levels of coverage of the subjects to be collected.

Skeletal

One current dictionary, one or two standard texts.

Reference

Skeletal coverage plus one encyclopedia, one history, a comprehensive bibliography, a current (periodical) bibliography, one or more journals, and additional texts and reference books.

Research

Reference coverage plus monographs, additional journals, pamphlets, research reports, and documents as necessary for study in depth.

Scope and coverage of the library collection of this hospital

This library will provide materials of general sujbect scope on the reference level of coverage, as appropriate for each professional and occupational group on the hospital staff.

Sample (cont.)

Specialized materials will be provided on the reference level in the fields of pediatrics, pediatric nursing, internal medicine, surgery, medical-surgical nursing, allergy and orthopedics.

Materials on the skeletal level will be provided in the other fields listed in the Stearns and Ratcliff " . . . Core Library." (1970).

In the field of pediatrics, current and retrospective medical and nursing literature will be provided on the research level so far as space and financial resources will allow. Because of this institution's continuing interest and concern in congenital heart defects, a special effort will be made to acquire materials on that topic and on cardiovascular surgery.

Currency of the collection

New editions of reference books and texts shall be acquired as published. One or two editions prior to the current edition shall be kept for loan, as indicated by need and space. No edition of any title shall be kept if its text no longer conforms to current practice. Back files of journals shall be kept for at least five years but no longer than ten years, except that journals in the field of pediatrics and cardiology shall be kept as long as need dictates and space allows.

Weeding. The collection shall be reviewed at least biennially on a systematic and continuing basis to insure conformity to the policies given in this document. Materials not conforming to this policy shall be removed from the collection and sold, exchanged, given to other institutions, or destroyed.

Extramural library resources

For materials not included in the scope and coverage of this collection, the staff of St. Nicholas Hospital has access to library materials from Washington County General Hospital, either directly or through interlibrary loans to our own institution. In addition, the library of St. Nicholas Hospital has interlibrary loan access to the library collections of the University Medical Center and other research institutions.

Gifts

Gifts shall be actively sought within the scope of the collection. Gifts will be accepted only if the donor clearly understands that: 1) they will be added to the collection or otherwise disposed at the discretion of the Librarian and Library Committee acting under this selection policy, and that 2) gifts not added to the collection shall be disposed in the manner of discarded materials (sold, traded, given away, or destroyed).

The librarian shall acknowledge each gift in writing, giving an itemized list of those items so received. Upon request, the librarian shall report to the donor the currently advertised prices of the items received, but shall make no value estimate of prices not publicly advertised, and shall make no statement to the effect that second-hand items received are actually worth the currently advertised price of new or used materials.

Multiple copies

No multiple copies shall be purchased until all reference-level resource categories in this policy have been filled.

Sample (cont.)

Journals. Only one subscription shall be maintained for each journal in the collection.

Books. Additional copies of textbooks and reference books shall be purchased only upon request from the administrative head of the department concerned, and only upon approval by the Library Committee. Any special collections needed for offices, laboratories and nursing stations shall be acquired in this manner, and a central record kept by the librarian.

Staff publications

Donated copies of publications by full-time and part-time staff members will be accepted by the Librarian, who will maintain a file of such donated materials.

Archival materials

The Librarian will maintain a file of such hospital records and memorabilia as contribute in a substantive manner to the history of the institution. This file shall also contain such news releases and reports from the public press as are concerned with hospital activities.

Policy changes

Changing needs for information resources may be met by changes in this policy, duly approved by resolution of the Library Committee.

As you study the sample selection policy, you will notice that it covers decisions on weeding, gifts, multiple copies, staff publications, hospital archives, and special collections as well as the subject scope and depth of coverage of the collection as a whole. The policy statement does not prevent placement of any item in a laboratory collection, but it does insure that books purchased for special use be selected and recorded within the context of the hospital's total information resources.

Archival materials can be defined by the Library Committee as proper library acquisitions. However, the Librarian and the Committee must guard against use of library facilities as expansion storage for routine office records and ephemeral papers.

Like any policy statement, the selection policy must be written to establish a general trend, not to dictate details of selection. If the policy is too detailed, the Committee will have to change it for every minor change of need.

In our example, the restraint on multiple subscriptions may be too detailed. We must assume that our hypothetical library has been under some pressure to carry multiple subscriptions which are not justified by the present circumstances. Where budget allows and demand is great, some subscriptions might be carried in two copies: one for check-out and one for use in the library.

We must assume that the continuing interest in congenital heart defects is truly a continuing interest of the institution and not subject to changes of staff. Perhaps the hospital receives regular financial support from a private foundation to support this activity. If this special interest does change, or if other interest areas are adopted, the selection policy must be revised to agree. The selection policy is a guarantee of balance in the collection, preventing overspecialization in the interest area of one aggressive staff member.

Most selection policies do not include any reference to extramural information sources. However, it is my own opinion that acquisition goes beyond ownership; that the hospital library

must make definite provision for supplying all sorts of information whether owned or not. Every hospital regardless of size should own the minimum bibliographies which make interlibrary loans possible.

A final comment on writing the selection policy: the larger the library and the broader its service objectives, the more difficult it is to write a policy. Do not be shocked if your resource library has no written policy. It should have a policy, of course, from your point of view, since you need to know the type of materials which you can depend on borrowing. But stop to consider the problem of trying to enumerate all of the materials necessary for an extensive library service.

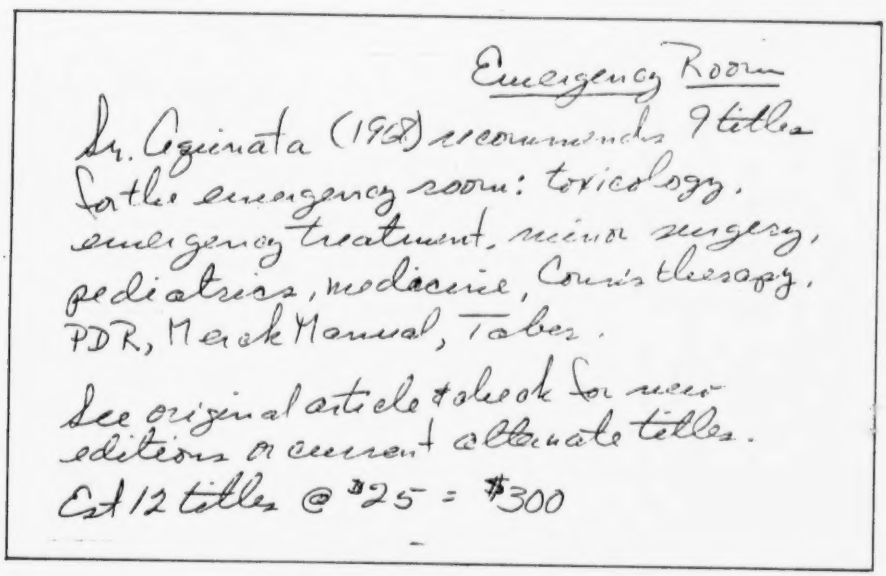
When a large library is collecting a significant part of the nation's publishing output, its policy necessarily is written in very general terms. In this case it is easier to give specific mention only to the areas which the library does not intend to collect.

Even if your resource library has no written policy, the librarian is using some kind of guidelines for collecting. An informal discussion of these guidelines should give you a good idea of the kind of collection on which you are depending. For instance, a public library might have a selection policy that would be of little help to you. You need to find a resource library whose policy expands your own ability to give service.

Budgeting for Balance

Let us assume that your Library Committee has just approved a new selection policy. Your collection does not yet come up to the resource level which that policy describes. It is quite likely that your collection cannot be brought up to that level within the next fiscal year. The selection policy now becomes a tool for long-range planning and budgeting.

From your selection policy, compile a "desiderata list" or "want list" of all non-subscription publications you need. A list on cards, one title per card, is convenient for handling and storage. When a definite title is known, use the card to compile the information needed later for ordering. When you know the subject needed, but have not identified a specific title, jot down whatever you do know as a basis for budgeting. All desiderata cards are filed by subject area.


Emergency Room

Dr. Cojinata (1978) recommends 9 titles for the emergency room: toxicology, emergency treatment, minor surgery, pediatrics, medicine, Counsellessopy, PDR, Merck Manual, Taber.

See original article & check for new editions or current alternate titles.

Est 12 titles @ $25 = $300

Fig. 3. Desiderata card (1)
This one card shows the total estimate for a whole station collection. It will be replaced by cards for specific titles, as they are determined.

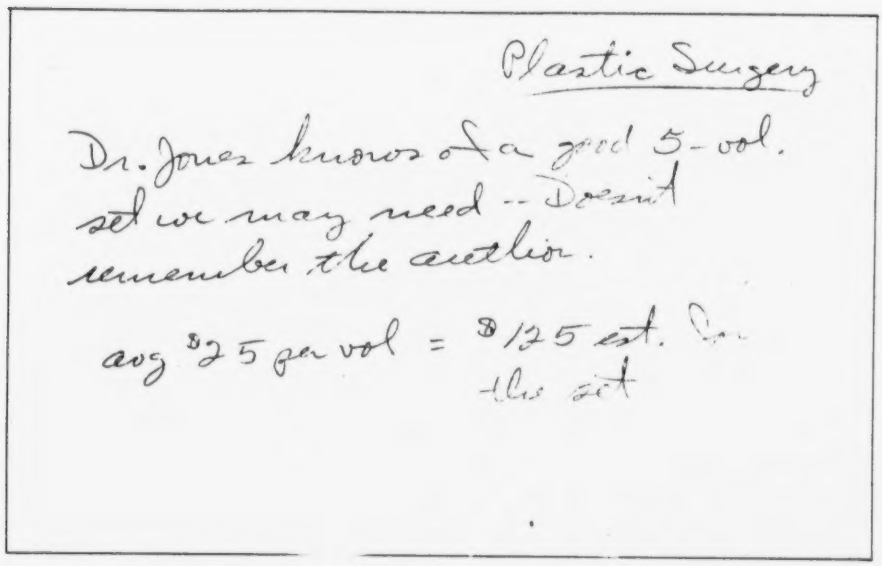


Fig. 4. Desiderata card
This card indicates a specific title, which Dr. Jones thinks should be covered by the budget. Dr. Jones may supply the title later, or it may be discovered on a standard list, or in the subject section of Bowker's Medical Books in Print (1972).

Class No.	AUTHOR (Surname first) Plastic Surgery
	Converse, John M., ed.
Accession No.	TITLE
Date Ordered	Reconstructive plastic surgery
Date Received	Edition or Series / Volumes: 5
Dealer	Place and Publisher: Phila. W. B. Saunders / Year: 1964 / List Price: $125
No. of Copies Ordered	No. of Copies / Illustrator
Cost	Recommended by: Jones / Approved by
L.C. Card No.	Reviewed in: Stearns 1970; Med BIP 1972 / Fund Charged

Fig. 5. Completed book description.
It is pure luck that the price is identical with the estimate in Fig. 4. If purchased separately, price would vary from $25 for vol. 4 to $30 each for vols. 1, 3 and 5.

The average cost per volume can be figured from basic lists such as Stearns and Ratcliff (1970) or Brandon (1971). Current average prices are also available from university medical center libraries.

Compute the total estimated cost of the non-subscription desiderata list.

Now make another list estimating the subscription titles needed, and their cost per year. Remember that a subscription is a yearly expense until the subscription is discontinued.

Divide the total cost of non-subscription material by 5 (allowing yourself five years to achieve your goal) and add the annual cost of subscriptions. If this exceeds your anticipated yearly income, you have two choices: 1) find a source of increased income, or 2) rewrite your policy for balanced subject scope at a decreased depth of coverage. You will probably do a little of each. The policy itself is a powerful argument for increased funds, but we seldom get everything we want. If the library is well-supported you may be able to achieve your goal in less than five years without compromise.

Now divide your desiderata list into priority levels according to year of purchase, with a special category for the expensive or specialized items which you expect to solicit as gifts. Work from the general to the specific. First purchases should be those items which can be used by everyone, or which receive constant use by the specialty fields which are essential to hospital operation. The 5-volume set on plastic surgery is a very good set, but the medium-size hospital might keep it on the desiderata list without giving it a very high priority for first purchase.

As your collection grows, you should be alert to new editions fo the titles already purchased, and allow in your budget for their acquisition. Be sure that you maintain balance in the scope of the collection while it is growing.

CRITERIA FOR SELECTION AND WEEDING

Having decided what kind of information you need, the next job is deciding on specific items for acquisition.

The first criteria for selection of any publication is its place in your selection policy. It does not matter how many other good qualities the publication may have; if it has no place in the defined limits of your collection then it is not a good book for your own library. Save your time and consider it no further. Perhaps the person who requested it should buy it for his personal library at home.

If the publication does have subject matter and coverage which contribute to your goals, then look for the other signs of quality:

Sponsorship. Is the publication sponsored by a reputable professional group, or a foundation or institution which is knowledgeable in medical and health matters?

Publisher. Is the publisher reliable, both in business dealings and in quality of publications? A publisher who specializes in medicine will usually produce more reliable material than one with general interests. However, general publishers can produce excellent quality, especially if they maintain an editorial staff of medical and health specialists to supervise their medical publications.

Format. Does the publisher show his pride in this work with good page design and high-quality paper and bindings?

Author or editor. Who is responsible for the intellectual contents of this one particular publication? Is he a qualified authority on the subject? Sometimes a venerated sage will begin writing in fields outside his own specialty, in which case he is writing as an intelligent layman with good ideas perhaps, but no special authority.

Contents. Does the author or editor accomplish the objectives he has intended?

Date. Does the date insure current information? in text books and reference books especially, find out how often new editions are issued. You may be purchasing the dealer's last copy, only a few months prior to a new edition.

Evaluation of others. Has it received good comment in reviews? Has it been favorably cited as a source by other writers? Is it included in lists of "basic" books for hospitals and small medical libraries?

Language. If it is written in a foreign language, how many on your staff can read it? Even large hospitals usually limit themselves to clinical publications in English, unless the hospital serves a research function.

Special criteria for journals

Editor. Is the editor an authority? Does the publisher state the editorial policy in accepting contributions? If the journal has an editorial board, try to determine its degree of involvement. This may range from personal endorsement of the journal to initiation and review of its policies. An editorial board of famous names without real medical authority may be no more than window-dressing.

Content. Do the articles reflect the stated editorial policy of the journal? Are they of uniformly high quality over a period of time?

Indexing. Do you have subject and author access to the contents of back issues, either in the journal's own index or in back issues of your bibliographies? If the journal is covered in major indexes and abstracts, this is some assurance of quality. You may not subscribe to Excerpta Medica, but the reputation of that abstracting service assures the quality of the journals it covers. Index Medicus has definite quality criteria for the journals which it indexes. Index coverage of specific journal titles is given in Ulrich's International Periodicals Directory. If you cannot afford "Ulrich" you can find it at your nearest resource library.

HOSPITAL TOPICS; today's hospital practices. 1922. m. $15
Ed. Marie Jett. Hospital Topics, Inc., 4747 W. Peterson Ave., Chicago, Ill. 60646. abstr. adv. bk.rev. charts. film rev. illus. stat. tr.lit. circ. 36,000. (Avail. in microform)
Indexed: C.I.N.L. Hosp.Lit.Inc. Ind.Med. Int.Nurs. Ind.

Fig. 6. Sample Entry from Ulrich's International Periodicals Directory. This journal is indexed in Cumulative Index to Nursing Literature, Hospital Literature Index, Index Medicus, and the International Nursing Index. Reprinted by permission of R. R. Bowker (a Xerox company).

Special criteria for current bibliographies

Time lag. From the publication date of the journal article, how much time passes before its listing appears in the bibliography? What trade-off does the bibliography make between currency and the amount of information given? Index Medicus has a minimum time lag of three months, subject and author indexing, and is considered one of the best current bibliographies we have. Excerpta Medica includes abstracts. It has a five-month minimum time lag, and often much longer. Current Contents appears almost simultaneously with the journals covered, by taking advantage of automation as much as possible. The user gets his citations from photocopies of the journal contents page, and subject indexing is provided by a computer list of terms used in the titles of the articles. In Current Contents the user must search several synonymous terms in exchange for getting the service faster. Also Current Contents is not cumulated.

Journals included. The main value of current bibliographies is their usefulness as a key to information in other libraries. If you subscribe to very few journals, your current bibliographies should be among your most useful tools. However, be sure that the journals included in the coverage in a bibliography have a subject scope that conforms to the interests of your clientele. The extra cost of the full Index Medicus provides coverage of research and foreign language publications which may be a little value to the staff of a small hospital. Abridged Index Medicus, with its coverage of one hundred clinically-oriented English-language journals, would probably be sufficient. The full Index Medicus would be very necessary in a teaching hospital or in one supporting fields of specialty practice.

Special Problems in Weeding

> ***"Weeding in a library is similar to weeding in a garden. It must be done to keep the collection functional and attractive. It must be done regularly to prevent the collection from getting out of hand. It must be done knowledgeably; the department chairman enraged at finding his favorite text disposed of is matched in cold fury only by the spouse who finds that the "weed" you have just torn up is his favorite "perennial." (Beatty, 1970, p87)***

The criteria for weeding are essentially the same as for inital acquisition. There is no point in giving shelf space to old material which does not fill a current need. At best it does no good. At worst it may give information that has been proved wrong.

The exception is the "perennial." In rare cases the new edition is not as good as the old one. An old edition may be worth keeping for a preface that was written with wisdom and insight. An old edition may be notable for giving a full report of some milestone medical discovery, condensed in later editions. Some fields of medicine do not change as quickly as others, so that old material continues to be useful.

The librarian should make the inital choice of books to be considered for discarding. If there is any doubt at all about the value of the material, it should be set aside on a special shelf until a final decision is made.

The inexperienced librarian is wise to ask for help at this point. Members of the library committee can give advice on general materials. Specialized materials can be reviewed by a member of the department most concerned. Even very experienced librarians rely on advice from expert health professionals when there is any doubt about the wisdom of discarding.

However, the librarian should use these experts as teachers. Their time is valuable, and the librarian should make as many routine decisions as possible. Each time you need help, you should ask your expert why he decided as he did. If you know the basis for his decision, you may know what to do the next time you have a similar case.

After narrowing the field to those materials which you and your experts agree should be discarded, list them for disposal. Certain staff members may want to buy their old favorites. Some old editions may still be useful to medical students, or nurses, or smaller hospitals. A research library may have lost its copy of an old journal which you can supply.

Be sure to ask your library committee and your administrator for approval of your plans for disposal. Whatever you do with old material, it must conform to the institution's general policies on disposal of surplus property.

WHAT IS AVAILABLE?

The librarian must know that a book exists before it can be ordered. How can we discover the authors and titles and other order information for specific publications? Fortunately, there are many tools available to us.

Basic Book Lists

It may be necessary for you to purchase some books before you have the experience or confidence to write a complete, formal selection policy. It takes a good knowledge of your organization, and much thought and planning and agreement, before such a policy can be written. Should you base your first purchases on a "core" or list of basic publications? Possibly. The experience you gain from using basic lists can be applied later in writing your policy.

You may find a basic book list that fits your own needs closely enough to be tempting. Before you send your supplier an order for the whole list, you should consider these points:

+ No two hospitals are exactly alike, so no two hospitals need exactly the same books.

+ No two experts will pick exactly the same books to fill a given range of needs.

+ No list can be more up-to-date than its own date of publication. The day the list is published, someone will print a better textbook replacing one on the list.

A good basic list that almost fits your problems can be skillfully tailored for your library in that same way one alters ready-made clothing: snipping away here and adding-to there until the fit is right. Be sure that you compare several lists before becoming too dependent on only one.

By studying the policies and the methodologies used in compiling these lists, you can learn some very valuable things about book selection. As you compare basic lists, you will discover that each list is based on the same dimensions of viewpoint, scope, coverage and time which we have considered in the sample policy. Sometimes the compiler of a list does not state his selection policy, but you can deduce it from the list itself. Notice which subjects appear on all the lists you study. These are the subjects which probably will be most important in your own collection.

Norman S. Stearns and Wendy W. Ratcliff (1970) have stated their policy very clearly:

> "Publication of the integrated core collection should encourage use of a single library facility by the entire health care team. The core library concept is that all major areas of health-care practice, including the basic sciences, be covered in a minimal number of books and journals that are authoritative, current, and appropriate to practice. . . "

Viewpoint includes all health care workers, but not the patients. The viewpoint is that of the practitioner, not the researcher. Scope includes all major specialty fields and the basic sciences, but not subspecialties. Coverage is "minimal": one or two texts and journals for each health profession working in a particular area. Time is current.

Are these your own needs? Stearns and Ratcliff list only 22 titles for nurses. The more extensive list compiled by Alfred Brandon (1971) suggests 54 titles for nurses. Even if the Stearns and Ratcliff core library serves most of your needs, Brandon might be used for supplemental titles in special areas of interest. On the other hand, a hospital of 17 beds might not give a high priority to the titles in neurosurgery and occupational therapy, listed by Stearns and Ratcliff.

In using a basic list as a selection guide:

1. Study the list and check the subject areas which you intend to cover.

2. Add subjects and titles to the list as needed, from other lists you have studied.

3. Study the books you already own, and make margin notes on the list: "Have same." "Have '65 edition;" "Have Brunner, 1970." Perhaps the older '65 edition is recent enough for the cost-benefit trade-off in a small hospital. Perhaps the Brunner nursing text fills your immediate needs as adequately as the Shafer text on the list. Mark a zero in the margin for titles neither owned nor having comparable material on the shelf.

4. Compile your order for purchase.

Since Stearns and Ratcliff are interested in the entire health care team, their list includes many categories for allied health professions. Some of these have not been fully developed. In some cases no titles are given, but only the note "resurveying in progress." In other cases a journal title is given, but no comprehensive text has been found. This indicates the growing importance of allied fields and the currency of their development. Revised lists for the core library will probably show further study in these areas.

The Stearns and Ratcliff article is much more than a book list. It describes the whole core library. A library is not complete without service. The concept of a core of service is also given. It is important that the entire article be read. Another article by Stearns, Bloomquist and Ratcliff (1970) elaborates the idea of a core of organization and services.

The list compiled by Alfred Brandon (1971) gives a choice of more titles in most of the fields covered by Stearns and Ratcliff. All of Brandon's categories are fully developed. He gives references to other more extensive lists of books and journals, in case his list does not provide enough titles for a special area of interest.

Comparison of Brandon with the Stearns and Ratcliff list shows some difference of opinion on the importance of major fields. It also reflects Brandon's experience in teaching hospitals, which need more materials for interns and residents, and for doctors who write and publish. Brandon does not include family practice (an emerging specialty) or neurosurgery. He does not include respiratory therapy, dental hygiene, medical records, speech pathology, radiological technology, or pharmacy (although he covers pharmacology quite well). Five other allied fields, incomplete in Stearns and Ratcliff, are not listed by Brandon.

On the other hand, Brandon does cover these fields which are not listed by Stearns and Ratcliff: genetics, legal medicine, licensure, medical writing, medical photography, and the history of medicine.

This is a demonstration of the differences you can discover when you compare basic lists of library materials. Each list will need to be changed in some way to meet your own needs, but they are all valuable guides.

Reviews and Announcements

We have noted the rapid obsolescence of basic lists. Stearns and Ratcliff have already issued their list in two versions and will probably update it again. Brandon has revised his list every two years since 1965. How will you learn of new titles and new editions between revisions of the lists? How will you learn of titles which never appear on these very limited lists?

There are about one hundred journal titles which are mentioned repeatedly in basic lists for small medical libraries. Some of these titles are listed more often than others (Timour, 1971). Most of these journals contain regular features about new publications.

A book review includes one to several paragraphs of comment evaluating the worth of a single publication, and identifying the kind of user who will find it most valuable. Review articles take a single subject and identify all the recent publications on that subject which are significant. Most of the citations in a review article are recent articles in journals, but some books will be mentioned also. Regular columns headed "Books Received" or "Books Briefly Noted" do not attempt to evaluate the publications listed. They contain only the information necessary for ordering the material. Sometimes a one-phrase note explains the subject content of the publication. If the editor is especially considerate, he will include the addresses for obscure publishers.

Publishers' announcements are simply advertising. They try to make the publication look as attractive as possible. As you become familiar with your collection you can scan publishers' announcements for new titles and new editions from the authors you know to be authoritative. Publishers' announcements often quote from favorable reviews of the book. Try to find the original review and read all of it. The ad is quoting out of context, and may even leave out adverse criticism contained in another part of the same review.

Journals give valuable information on new books. When you check in each new issue, try to scan the reviews and announcements. When you find a book which might be valuable in your library, write the order information on a card, with details on the back of the card. Add it to your desiderata file (your "want list") to be considered later.

However, scanning many journals is not an efficient way to find order information when your staff asks you to buy a specific book. It is easier to get data on known books by using a comprehensive catalog or trade bibliography.

Catalogs and Indexes

National Library of Medicine Current Catalog gives a full description of each book, technical report, and unit of audiovisual software added to the National Library of Medicine. It gives no critical evaluation. Books and technical reports can be found by author, sponsoring agency, or by subject. The subject listing is especially valuable when you are trying to strengthen a particular subject area in your collection. Audiovisual materials are listed under subject, title, and producer. The catalog is issued monthly, with quarterly, annual and 5-year cumulations for easy use.

Regional resource libraries also issue catalogs and/or lists of recent acquisitions.

Index Medicus does not list the book reviews which appear in the journals it covers. This is one of its few limitations.

Hospital Literature Index (quarterly and cumulative) lists "Recent Acquisitions" on the last pages. These are books which have been received and cataloged for the Asa S. Bacon Memorial

Library of the American Hospital Association, 840 North Lake Shore Drive, Chicago, Illinois 60611. The books are listed by subject. Prices are included when known. The main index does not cover book reviews in journals. Books owned by the Bacon Library are available on loan to AHA members for periods varying from one week to one month.

Cumulative Index to Nursing Literature. An appendix to the main listing includes references to reviews of books, pamphlets and audiovisual materials. These are citations only. For prices and other order information one must consult the original review.

Trade Bibliographies

Trade bibliographies are compiled for use by the book trade: publishers, wholesale jobbers, retail book stores, and libraries. The standard trade bibliography in the United States is R. R. Bowker Company's Books in Print (BIP). This lists about 330,000 titles on all subjects, currently available from 2,250 publishers. It does not list journals, microforms, audiovisual materials or government publications. Publications are listed by author and title, with publisher, date and price. A directory of publishers' addresses is included.

Subject Guide to Books in Print gives the same information arranged under the subject of the book.

BIP and the Subject Guide are rather expensive. Bowker also publishes the less expensive Bowker's Medical Books in Print. This extracts about 24,000 titles of medical interest from BIP and Subject Guide combining author, title, and subject listings into a single volume. A directory of 800 medical publishers is also included.

Periodicals are covered by Ulrich's International Periodicals Directory. (See Fig. 6, p. 19) "Ulrich" gives the title of the journal, date of the first issue, frequency of publication, yearly subscription price, name of editor, and name and address of the publisher. It indicates whether the journal contains abstracts, book reviews, or illustrative material. The circulation figure (number of subscribers) is given, and also the titles of indexes and abstracts which cover each journal. Descriptions are grouped under the general subject covered by the journal.

Annual and irregular serials are covered in the same way by Irregular Serials and Annuals; An International Directory. U. S. Government publications are listed in the Monthly Catalog of United States Government Publications, issued by the U. S. Superintendent of Documents. Similar publications from state agencies are listed in Monthly Checklist of State Publications, issued by the Library of Congress.

Small hospitals may feel that some of these bibliographies are too expensive for purchase. One needs to consider how many times they would be needed in the course of a year. In any case it is good to know that these tools exist. Information from them is always available through your medical resource libraries. They are also available in college and larger public libraries.

THE BOOK TRADE

By the book trade we mean everything that is involved in the publication and distribution of books. Most of our concerns revolve around the commercial or profit-making part of the book trade: the publishers who produce the books, the jobbers who handle wholesale distribution, and the book stores which make retail sales to the customer. Non-profit organizations and government agencies must also be considered in the pattern of book trade activities. All of these organizations contribute to the production and distribution of printed information.

Distribution

Publishers

Since Gutenberg first printed books, publishing has come to include much more than printing. Many modern publishers do not even own a printing press. The modern publisher's main jobs are planning the production of the book, quality control on the finished product, and sales promotion. Publishing means "making public," or making the author's writing available for distribution.

First, the author's manuscript is checked by the editorial staff for subject content, quality of information and quality of writing. The editor must know a great deal about the author's subject and about the demand for information on that subject. Publishers often have an advisory staff of experts to help them. Many publishers become experienced in one field, such as medicine, and specialize in publishing books in that field.

If the manuscript meets the publisher's standards and needs, the publisher makes whatever financial arrangements are necessary with the author, and the editorial staff goes on to the details of standard spelling, hyphenation, footnote style, etc.

When the manuscript is perfect, it goes to the book designer. The designer selects the style of type to be used, quality and color of paper, page size, margin width, and binding style, as well as art work for the illustrations. The designer's specifications are sent to the printer. Often the printer runs an independent business and does the job on contract to the publisher. The printed sheets are sent to the binder, who may also work on contract to the publisher. The finished volumes are returned to the publisher's warehouse.

In the meantime, the publisher has started advertising the book. Advertising includes sending review copies to professional journals and to authorities on the subject of the book. Hopefully, the journal will run a full and favorable review. Perhaps the journal will only announce the book in its "Books Received" column. Authorities who receive free copies may quote the book in their own writings, or give word of mouth advertising, or contribute a review to a journal. If it is a textbook, a professor may adopt it for classroom use.

The publisher usually operates an order department which accepts and fills orders. Occassionally a smaller publishing company makes a contract with a larger company for the larger organization to handle its sales. In a large company, the editorial offices and the sales offices may not even be in the same town. When you place orders directly to the publisher, be sure that you have the correct address.

When warehouse stocks are depleted, the publisher may order a second or a third printing. This means that the printer is instructed to put the same plates back onto his press and print more copies identical to those from the first press run. A second printing may contain a few new plates with corrections of errors, but it does not contain any new information.

If the book is accepted by its readers as a standard authority, then the publisher can depend on continued sales for as long as the information is current and useful. When the information in the book becomes old, the publisher may ask the author to prepare a revised edition, including new

information and deleting information which is no longer useful. The publisher knows that the people who liked the first edition will buy the second. The second edition repeats the process of publishing with new editing, new book design, new typesetting and printer's plates.

Some publishers do not depend on advertising alone to create a market for their books. They also keep an active and aggressive sales force to locate customers, especially book stores, schools, and libraries, in all parts of the nation. Sometimes these salesmen make very attractive offers of free books or large discounts if you will order direct from their publisher instead of ordering their publisher's books through your regular jobber. Does the free book make any real contribution to the kind of collection you are trying to build? Does it fill a definite area in your selection policy? Unless the free book is one you would like to buy on its own merit, then the salesman is not offering you much. How much will it cost your business office to process a separate order for one or two titles? Is that cost greater than what your library would receive in the higher discount rate? Before you accept special offers, consider whether they are a real advantage in the long run.

Jobbers

Jobbers are the wholesale middle-men in the book distributing system. Usually a jobber offers service to a defined territory. In order to provide fast service, he tries to anticipate the demands of his customers. When a new book is published, the jobber orders as many copies as he expects to sell, and has them ready on his warehouse shelves when his own customers' orders are received. The jobber also keeps a stock of standard titles. When you order books from basic lists, you can expect the jobber to fill your order quickly from his warehouse.

When your jobber keeps a good warehouse stock, he will send the major part of your order promptly with a report of "shorts." The "shorts" are not in stock, and have been "back-ordered" from the publisher. If the publisher is also out of stock, your order may be cancelled, or it may be held for reprinting of the book. This can cause a considerable delay. Back orders are usually shipped from the publisher to the jobber for relay to you. Sometimes the jobber may request drop shipment direct from the publisher to you.

A drop shipment gets the book to you faster, but the jobber and the publisher must have good communications. If the jobber and the publisher do not understand each other's methods clearly, you may find yourself receiving bills from both of them. If this should happen, do not compound the mistake by paying both bills. If you ordered from the jobber, pay the jobber, and notify the publisher of the error.

Occasionally a jobber has no warehouse at all, but handles all his business through drop shipments. Sometimes a very knowledgeable bookman leaves a large jobbing firm and starts his own business in this way. Such a person can give you excellent service. However, you should watch his performance carefully, and not commit large orders to him until you have your own records, or reports from other librarians, on his consistent good service. More usually, the jobber without a warehouse is one degree removed from amateur, underfinanced (meaning he has no credit rating with the publishers, and has an inadequate office staff) and his services are very likely to be slow and inaccurate.

Agents

Subscription agents are the middle men in journal distribution. When you place your subscriptions with an agent, he does not function as the jobber does. He relays your single order for several journals to the several publishers of those journals. Then the separate issues of each journal are sent directly from the publisher to you. This saves the hospital business office from handling a different order and payment to each publisher, and reduces office costs. You should also be able to claim any journal issues not received by making a single monthly report to the agent. He should relay these reports to the various publishers as part of his service. If he does not do this for you, you could find yourself spending a great deal of your own office time in correspondence with publishers, handling these claims for yourself.

Retail Distributors

Local book stores serve individual readers just as libraries do. In stocking their stores, retail distributors have many of the library's problems of selection policy. Who are their own local customers? What will be needed? It is very unlikely that your local book store has enough customers for medical books to carry them in stock. Even very small medical libraries find many advantages in buying from jobbers. Besides offering fast service and a better selection of titles, the jobber usually sells to institutions (hospital, libraries, schools) at prices well below the list price, very close to the discount price he gives to the retail book store. Libraries and book stores operate at the same level of the distribution chain. They have very few direct dealings with each other, even when both serve the same clientele.

The Pricing System

Each person or organization involved in the book trade must recover enough money from his services to pay for his operating and living expenses. At the same time, prices must be kept low enough to fit the customers' budgets and to meet competition.

List Price

The base unit of the pricing system is the list price, which is established by the publisher and is used in advertising. This is the price which the retail customer is expected to pay for the book, regardless of which distributor he buys it from. The list price must be high enough to cover

+ The publisher's costs of production, warehousing, advertising and sales

+ the jobber's costs of ordering, warehousing, advertising and sales

+ the retail book store's costs of ordering, storing, advertising and sales.

Each of these distributors must also cover the element of risk. Will the customers really buy the book? Income from sales must cover the inevitable losses on books which are not sold.

First the publisher must determine the production cost of the book. Once a manuscript is ready for the press, the major cost of production has already been incurred. Paper is cheap. The cost difference between press runs of 10,000 or 20,000 copies is not as significant as the costs of editing, book design, typesetting, author's royalties, office management and overhead.

Next the publisher must estimate his potential market. How many copies of this book can he expect to sell? How many people will be interested in the subject? We can expect a larger market for a book on surgical nursing than for a book on general surgery, simply because there are more nurses than surgeons. The publisher gives careful study to the sales records of similar books. If he can expect a very large press run his cost per copy will be low since the initial costs of production are divided by a large number of copies to be sold. Nursing books typically cost less than medical books.

Having determined the cost of producing one copy of the book, the publisher adds many other costs before arriving at the total list price. The list price must cover losses on titles which did not sell as well as expected, and also losses on titles whose production costs are higher than the market will bear. Major publishers feel a professional obligation to supply certain titles which have very small markets, which may be money-losers, because the information is badly needed by those few people. Losses on these titles are covered by profits on mass-market titles.

Finally, the list price must include a reasonable margin for the jobber and for the book store, to cover their own handling costs, profit and loss.

The book trade is very competitive and profit margins are small. It takes a great deal of business experience to set a list price that is realistic, that is not so high as to discourage sales and not so low that the publisher or distributor suffers damaging loss. If medical books seem high-priced, pound for pound, compared to popular novels, it is because a great deal of information must be supplied to a relatively small market.

Discount

What you actually pay for a publication is derived from a discount rate on the basic list price. Different categories of books carry different discount rates. Different categories of customers are also given different discount rates so that each step in the distribtuion process is allowed its share of profit. Wholesalers get better discounts than retailers. Customers who can order several copies of one title get better discounts than customers who order only one title at a time.

For example, a popular novel with a $6 list price may be discounted to the jobber at 50%, meaning that the jobber pays $3 for it. The jobber may give the retailer a 33% discount, so the retailer pays the jobber $4. The final customer goes to the local books store and pays the full $6 list price. Libraries receive disoucnts similar to those given the retailer, regardless of whether they order from publisher or jobber.

Books which have the greatest sales potential carry the highest discount rates. In this way they pay for the greatest part of the distributor's expenses.

Trade books are those sold to the general lay public. This is the type of book you find in the book department of a large department store. These books may be distributed by book clubs or appear in paperback editions at the drug store. To libraries, the trade discount is about 30% to 35% off the list price. Hospitals order very few, if any, books carrying a full trade discount.

Short discounts are given to books with smaller sales potential. "Sci-Tech" books (scientific and technical) are discounted to libraries at 10% to 20%. Textbooks may carry only a 5% discount.

Large libraries are major customers of the jobbers and may receive preferential discount rates. Smaller libraries may find that their own rates are not so large. However, there is competition between jobbers even for small accounts. It pays to find out what discounts and services are offered by different jobbers to libraries of the same size as your own.

In comparing jobbers, remember that the jobber's profit must cover his expenses. If he cuts his own profit too low, in an effort to attract customers, then he must employ low-paid helpers in his warehouse and office. He suffers from either high staff turnover, or from low calibre employees, or from both. He stocks only those titles which are sure to sell. Under these circumstances there is increased likelihood of error and delay in filling your order and in handling your account. A very good jobber who knows his market, cuts his risk of loss, and runs an efficient organization can offer competitive discounts and still deliver good service. Before abandoning a reliable jobber for one whose discounts are unusually high, investigate the new jobber's reputation for service. If other librarians are satisfied, test his service with a few small orders and see whether you are as well pleased before getting deeply involved.

Service Charges

Non-profit organizations issue many publications which are not expected to pay for themselves. These are published as a service, because the information is needed. Prices are kept as low as possible, and losses -- mostly production costs -- are absorbed in the operating budget of the organization or financed by special grants. The list price on such materials allows little or no profit margin for jobbers and retailers. Distributors must either add on a service charge for handling these materials, or recover their handling costs from the profits they make on other materials. If your jobber is making an adequate profit from your account, he will probably handle a few low-profit items at full list price as part of his service to you. Of course you must provide the addresses of obscure publishers. A jobber who is offering maximum discounts cannot afford to give special

services, and refuses to provide low-margin publications. Other jobbers specialize in hard-to-handle orders such as pamphlets, non-profit publishers, and foreign imports. These specialists do not encourage orders for books from the regular commerical book trade, and they add a service charge to the cost of every item they deliver.

Journals

Journals are discounted in a manner similiar to books, but at a much lower rate. Several years ago an agent could pass along library discounts up to 15% on popular magazines, charge list price for scientific and technical journals, and still make enough profit to provide satisfactory services on claiming and renewals. Today it is unrealistic to expect this. When the library's subscription list contains no popular magazines, but only low-margin professional journals, the agent can provide few services unless he adds on a service or handling charge. If your agent cannot give prompt attention to your claim for an undelivered issue, you may find that the publisher has exhausted his stock of that issue. The best settlement you might get would be an adjustment on the expiration date. This is not what you want at all. It disrupts your renewal procedures and it is little comfort when you must pay $5 or more to an out-of-print dealer to fill in the missing issue. Claims must be made promptly. If your agent does not do it for you, you must do it yourself.

The agent's invoice is not a contract to provide the journal for the stated cost. If the publisher increases the subscription price after you have paid the agent's invoice, the agent can and will bill your library for the difference. One very reputable agent has warned his libraries that 1973 renewal invoices paid in November 1972 can be expected to increase 10% to 15%, payable on later price-increase invoices. This agent is giving his libraries ample warning of the probable price increases so that they can earmark funds for the price increase billings, or delete titles from their lists if their funds cannot absorb the increases.

Choice of Supplier

When should you deal with a jobber, and what conditions indicate ordering directly from the publisher? What criteria should you use in selecting a jobber or a subscription agent?

It costs your purchasing department less to order several items from a single source on a single order. For hospital libraries which buy a limited number of books, ordering costs are reduced by "batching" the orders for monthly or quarterly ordering from a jobber. Semi-annual ordering is of doubtful value, and annual ordering has definite disadvantages. If a text is revised every six years and costs $25.00, a request held for a year can cut as much as $3.25 for the use value of the book. If the text is ordered 6 months after it is published, the library can lose up to $1.60 of the book's use value. There is a limit to the economy of batching orders, but it is advisable as a general rule.

Jobbers

Various factors contribute to a jobber's effectiveness: experience, contacts with publishers, warehouse stock, and competence of employees. The service output which you are looking for is:

+ accuracy and speed in filling orders
+ speed and information value of reports on "shorts" (titles not shipped)
+ accuracy in billing and in crediting your account
+ ability to follow special instructions
+ willingness to answer questions about orders or accounts
+ special information on new titles and editions, basic book lists, etc.

No list of dependable jobbers would be accurate for long, nor would it be a reliable guide for all libraries. A jobber's performance record can change rapidly, sometimes in a matter of a few months, depending on changes in procedures, policies, and key personnel. Also, a jobber may be giving excellent service to one library and have a tarnished reputation with another. Much of this difference of opinion comes from different service needs and expectations, and different types of books purchased, and compatibility of the library's procedures with those of the jobber. Current reputation is probably the best way to choose a jobber. However, in making inquiry, be sure that you know what factors are most important to your informant, and what his standards of good service are.

Is the jobber accurate in filling orders? There is little room for opinion on this question. Either he is or he isn't. Few libraries can quote an exact figure on percentage of wrong titles returned, but they know if the number is bothersome, and you would probably agree.

Are orders filled promptly? A good jobber can send the first shipment of in-stock titles within two to five days of receipt of your order, provided the order is well organized and easy to handle. It is only human for the warehouse staff to do the easy jobs first. If the institution's purchasing procedures or billing requirements make the order difficult to handle, then delivery time is increased. If you get varying reports on a jobber's delivery performance, find out the procedures of the libraries involved and also the jobber's procedures. If a jobber gives excellent service to one library, he can give the same service to you. If your institution's procedures cannot be changed, find a jobber who can accept your procedures with a minimum delay.

The jobber's follow-up on back orders is as important as the initial shipment. What percentage of the order can he deliver within four weeks of your order date? Within six weeks? Within six days? Most orders carry instructions to "cancel shorts after 60 (or 90) days." Your jobber may require more completion time than you can allow. You may prefer to send the order with instructions to "cancel shorts immediately." Then the jobber sends only those titles in his warehouse stock, and you reorder the "shorts" directly from the publisher. This should be discussed with the jobber's representative before the initial order is placed. You should also study the jobber's performance as the order comes in. His ability to serve you as expected will be determined partly by your acquisition policy and the kind of books you expect to buy, compared to his policy in selecting titles for his warehouse stock.

Does the jobber report promptly on the status of "shorts"? What does his report mean? A good jobber will send a status report on every undelivered item, with or shortly following the invoice for the first shipment. Here is some of the terminology used in reports:

B-O: Back-Ordered from the publisher.

OS: Out of Stock. On a jobber's report this may refer to his own warehouse stock or to the publisher's stock. This report always needs additional information for clarification. If it follows a "Back Ordered" report, it means the publisher is out of stock, and the jobber will probably report this title "OS: cancelled", to be reordered later from him, if you wish, or directly from the publisher. It if is ân item the jobber usually carries, he will report TOS or Temporarily Out of Stock, and hold your order open until he receives his own supply.

NYP: Not Yet Published: Here again, the jobber has ordered the book and will deliver it later, unless the report specified "NYP: Cancelled". If the order is cancelled, reorder it from the publisher, or in your next order to the jobber.

OP: Out of Print. The publisher is out of stock and does not plan to reprint. Usually available only through the used book market. This title has been cancelled from your order. If you reorder all "OP" books from their publishers, you may discover that up to 50% of them are really available. Your jobber is giving poor service, perhaps supplying only those titles which are most profitable to him. This practice is often associated with abnormally high discounts.

Is the jobber accurate in handling your account? Do the invoices list the same titles as those received? Do payments and credits appear promptly on your monthly statements? The most common error is mixing accounts, that is, posting charges and credits for one library on the account of another.

Can the jobber follow special instructions? You may need to identify a difference between the shipping address and the billing address. Your instructions will certainly specify the number of shipments desired (as available, monthly, or initial and final only) and the cancellation date (cancel all shorts; cancel after 60 days, cancel after 90 days). Cancellation dates must be honored, or you may spend considerable time returning material which has been reordered. Your purchasing department may have special requirements such as not mixing order numbers on a single invoice.

It is clear that many questions must be answered between the librarian and the jobber. Does the jobber give his customers enough information? Is he willing to discuss problems, and to work with you in making order and supply procedures compatible? Many large jobbing firms assign each customer to one person in the firm, so that you will have a single source of information and a personal representative.

The major jobbers who specialize in medical books offer many special services. J. W. Stacey, Inc., prepares A Select List of Medical Books in Print. The 1972 edition was priced at $2.95, but the booklet is distributed as a free service by many distributors of medical publications. This little publication is a blessing to small libraries which cannot afford Bowker's Medical Books in Print. For several years the J. A. Majors Co. has distributed free reprints of Alfred Brandon's "Selected List of Books and Journals for the Small Medical Library." Jobbers also send special announcements of new titles, revised editions, and new issues in series publications. When the jobber is wise in selecting the titles he advertises, his advertising can be a positive service.

Subscription Agents

In selecting a subscription agent, you will depend heavily on reputation again. Talk to other librarians who have subscription lists similar to your own. Since the issues of journals are sent to you directly from the publisher, the agent's main job is communication. How effective is he in relaying your instructions and questions to the publishers?

+ Does the agent's invoice list all the titles for which that agent is responsible? Are the subscriptions listed to begin and expire on the dates you have specified? If anything is missing from the invoice, you must insist that the error is corrected before there are issues missing from your shelves.

+ Are your subscriptions actually handled in the manner specified and invoiced? Does the jobber correct errors as directed, or are you forced to do this for yourself?

+ Does the agent handle your claims for issues not received? This must be done promptly, as explained before, and is one of the main services you expect of an agent.

+ Are renewals handled smoothly? If your subscriptions are handled on an automatic renewal basis, you should receive renewal invoices about two months before the expiration date. If these invoices are not received, you must ask questions and give directions which are as time-consuming as placing the original subscription.

If other librarians report favorably on these questions, then the agent is probably a good one.

Sometimes a small subscription agency isembarrassedby success. They give excellent service as long as they have only a few customers, but cannot handle supervision of myriad details when the staff becomes larger. Larger agents suffer similar problems when they convert their office records to computerized processing. Often these problems are overcome in a year or two. You must decide for yourself how long you can tolerate growing pains before changing agents.

Changing subscription agents is not as easy as changing jobbers. It should be easy if all titles have the same expiration date. However, if your agent were diligent in following instructions, and if he is so excellent that he has succeeded in keeping a uniform expiration date, you would not be changing agents. A new subscription is entered ahead of schedule and begins too soon. A renewal is entered too early and for two months you receive duplicate copies. This is more often the publisher's fault than the agent's. Both of these subscriptions will expire early. A claim for a missing issue is delayed until the issue is out of print, so the publisher makes adjustment by extending the subscription. Since irregularities do creep into your subscriptions -- and often you do not discover them until you change agents -- many librarians will not change agents unless poor service becomes intolerable.

Other Distributors

You may have good reasons for staying with a particular jobber or subscription agent, even when you have identified specific areas of poor service. Perhaps most of your orders are handled with speed and accuracy and favorable discounts, but a few of your orders cause predictable trouble. In these cases you would be wise to order direct from the publisher, or send your order to an agent who specializes in that particular kind of trouble.

Some jobbers are excellent in all respects except standing orders for annual or irregular serials, and titles in series such as this handbook series which you are reading. The more irregular the publication, the harder it is for the jobber to keep track of it. If you want to receive each new part automatically as it is publsihed, you may have to enter your standing order with the publisher.

The United States Government Printing Office (GPO) is the major printer for agencies of the federal government. As part of the G.P.O., the office of the Superintendent of Documents handles sales and free distribution of the printed material. Announcements are issued in free price lists and in the Monthly Catalog of U.S. Government Documents. The Monthly Catalog lists all materials printed in the central G.P.O. Materials printed for government agencies on their own presses or by private printers can be listed in the Monthly Catalog only if the issuing agency notifies the G.P.O. that the publication exists. If the publication is not listed, it is sometimes difficult for a library to locate the purchasing source. If you cannot identify the source for a government document, you cannot expect the jobber to do it for you.

Doing business with the G.P.O. can be difficult also. Any material ordered from the G.P.O. must be paid in advance, and a special document number must be quoted. However, the G.P.O. does give a 25% discount to jobbers, or to anyone who orders 100 or more copies of a single publication delivered to a single address. This gives jobbers an incentive to sell G.P.O. publications at the advertised catalog price. Even so, you may have to use a jobber who specializes in government material, or order direct form G.P.O. Some specializing jobbers are:

Bernan Associates
4701 Willard Avenue, Suite 102
Washington, D.C. 20015

P. & H. Bliss
Middletown, Connecticut 06457

Samuel Ward
LaPlata, Maryland 20646

Obscure publishers can present special problems to librarians and jobbers, especially if publishing is not the publisher's main line of business. Any government agency or independent organization can print a small pamphlet or a large book under its own name as publisher. This handbook which you are reading was produced by the Intermountain Regional Medical Program using its own office staff, art department, IBM composing machine, photocopied mats, and offset printing press.

HOW TO ORDER PUBLICATIONS

Publications entered in this catalog that are for sale by the Superintendent of Documents are indicated by an asterisk (*) preceding the price. Those for sale by the National Technical Information Service are indicated by a farad (Φ) preceding the price. A black dot (●) indicates that the publication has been, or will be, sent to depository libraries. A dagger (†) indicates that application should be made to the department, bureau, or agency issuing the document. A double dagger (‡) indicates that the document is printed for official use and is not obtainable. When additional information concerning the method of procuring a document seems necessary, it will be found under the name of the bureau by which it was published.

In ordering a publication from the Superintendent of Documents, give the name of the publishing department, bureau, or agency, the title, the classification number which is added to the entry at the extreme right, and the stock number (if given following the price). Order Congressional documents and reports by the title, together with the document or report number and the Congress, e.g., H. Doc. 103, 88th Congress.

Do *not* use the L.C. card number in ordering a publication from the Superintendent of Documents.

HOW TO REMIT

Remittances for documents marked with an asterisk (*) should be made to the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, by coupon, postal money order, express order, or check. Publications cannot be mailed in advance of receipt of remittance. Foreign remittances should be made by international money order, or draft on an American bank.

Foreign money, defaced or smooth coins, will not be accepted. Do not send postage stamps.

For the convenience of the general public, coupons in denomination of 5¢ that are good until used in exchange for Government publications sold by the Superintendent of Documents, may be purchased from this office. Address the order to Superintendent of Documents, Government Printing Office, Washington, DC 20402.

Persons who make frequent purchases from the Superintendent of Documents may find a deposit account convenient. Deposits of $25.00 or more are accepted against which orders may be placed without making individual remittances or first obtaining quotations. Order blanks are furnished for this purpose. After the handling of the order has been completed, it will be returned showing the publications supplied, explanations regarding those not sent, the amount of charge, and the balance on deposit.

No charge is made for postage on documents forwarded to points in United States and its possessions, or to Canada, Cuba, Mexico, and certain Central and South American countries. To other countries the regular rate of postage is charged, and remittances must cover such postage. In computing foreign postage, add one-fourth of the price of the publication.

LIBRARY CLASSIFICATION IN DOCUMENTS OFFICE

The classification given at the right of entries for departmental publications is that used in the Library of the Public Documents Department. The *shilling* mark (/) separates what ordinarily would be superior or inferior numbers or letters. It is not practicable to print these numbers or letters as *superiors* or *inferiors* in the Monthly Catalog.

Fig. 7. Order instruction, Superintendent of Documents, U. S. Government Printing Office. Reprinted from Monthly Catalog of United States Government Publications, June, 1972

NATIONAL LIBRARY OF MEDICINE
Health, Education, and Welfare Dept., Bethesda, MD 20014

1042 National Library of Medicine. [1971.] [4] p. il. 4° [Illustrations are colored.]
●Item 508-D HE 20.3602: N21/2/971

1043 National Library of Medicine current catalog, 1965-70 [cumulation]. 1971.
*Cloth, $71.75 per set of 8 volumes.● Item 508-J HE 20.3609/3: 965-70

Subject section A-Flu. [5]+1-1085 p. 4°
Subject section Fo-O. [1]+1085-2160 p. 4°
Subject section P-Z. [1]+2160-3269 p. 4°
Name section A-D. [1]+3271-4233 p. 4°
Name section E-K [1]+4233-5165 p. 4°
Name section L-Ri. [1]+5165-6191 p. 4°
Name section Ro-Z and addendum. [1]+6191-7142+55 p. 4°
Technical reports, 1968-70. [2]+798 p. 4° (S/N 1752-0131).

Fig. 8. Sample Entry from the Monthly Catalog..., January 1972. Catalog numbers for ordering can usually be located in college or medical resource libraries.

Order Blank

To Superintendent of Documents,
Government Printing Office,
Washington, D.C. 20402

Date _____, 19____

Name _____

Street Address _____

City, State, ZIP Code _____

For Use of Supt. of Docs.
_____ Enclosed
_____ To be mailed later
_____ Subscriptions
Refund
Coupon refund
Postage

S/N and/or CATALOG No.	QUANTITY DESIRED	TITLE OF PUBLICATION	AMOUNT	
		Total, $		

For PROMPT, ACCURATE SHIPMENT please fill in the following label—Please PRINT or typewrite.

U.S. GOVERNMENT PRINTING OFFICE
PUBLIC DOCUMENTS DEPARTMENT
WASHINGTON, D.C. 20402

OFFICIAL BUSINESS

RETURN AFTER FIVE DAYS

POSTAGE AND FEES PAID
U.S. GOVERNMENT PRINTING OFFICE

Name _____

Street Address _____

City, State, and ZIP Code _____

Fig. 9. Order Form Suggested by the Superintendent of Documents. Reprinted from the Monthly Catalog...

It is difficult to learn about publications from the smaller organizations. Their advertising is limited to a small region or clientele. Since they are not regular publishers, the office staff may have difficulty in processing orders smoothly, and in planning ahead for reprints. Since there is no provision in pricing for discounting to jobbers, your regular jobber may not welcome these orders. If you order a very few of these publications, you should order direct from the publisher. If you order any significant number of titles, it would save processing time to use a specializing dealer. Be sure to inquire about service or handling charges before placing your order. Some Dealers Are:

Bacon Pamphlet Service, Inc. East Chatham, New York 12060

Pamphlet Distributing Company
55 East 86th Street
New York, New York 10028

PURCHASING PROCEDURES

Purchasing procedures in any organization have the following objectives:

+ To conserve time in the ordering process by grouping like tasks under uniform procedures.

+ To avoid unnecessary purchases, especially unnecessary duplication.

+ To maintain adequate inventory of materials which will be needed.

+ To obtain merchandise on the most favorable conditions of price, delivery, and billing.

+ To exercise quality control on merchandise ordered and received.

+ To provide accurate records for use of the financial department: merchandise ordered, shipments received, and bills approved for payment.

In reading these objectives, you can see that the librarian performs many of the functions of purchasing. The library itself is the storeroom for the hospital's inventory of books. Unnecessary duplication is prevented when the library keeps a central record of collections in offices, laboratories and nursing stations. The librarian and the library committee exercise inventory and quality control when they write the selection policy and approve specific titles for purchase.

Our study of jobbers and the pricing system is aimed at identifying the most favorable conditions when we select a supplier. Many hospital purchasing departmens accept the librarian's preferred supplier without question. Often the choice of supplier is a mutual agreement by librarian and purchasing officer. The library supplier should never be chosen without the well-thought-out advice of the librarian.

If the hospital purchasing department insists on competitive bids for library materials, be sure to buy or borrow Daniel Melcher's book, Melcher on Acquisition (1971) and see that the purchasing agent reads the sections on bidding. Melcher presents the view of the service-minded jobber. If bidding is required and the rules cannot be changed, Melcher makes some suggestions for living with the problem more easily. Selection of supplier on the basis of low-bid is so unsatisfactory that bidding will not be covered here. We will only point out some other ways of obtaining essentially the same information for decision-making:

1) A questionnaire to other hospital libraries similar in size and services to your own, asking for their experience in discount rates and service from the jobber(s) being considered.

2) Inquiries to the suppliers regarding services and discounts to a hospital having your annual book budget and expenditure pattern (average number of texts, reference books, and serial titles purchased each year).

If there is any question or criticism later concerning your selection of a particular supplier, a file of these responses will give as much justification as any formal, competitive bids.

Your purchasing department might well obtain more favorable conditions by committing a certain portion of the library budget to one supplier. This agreement should not be so binding that other suppliers could not be used in the event of poor service.

This leaves the areas of uniform procedures and accurate financial records, which may be handled by either the library or the purchasing department, independently or cooperatively. Who does which task is determined largely by the size of the hospital and its library. Does the library

order enough books to justify purchase forms designed specifically for books? Regardless of the forms used, the library does perform many of the functions of purchasing, and it is very important that the procedures of the purchasing office also serve the library's needs.

The hopsital's general purchasing forms provide space for the same kind of information as appears on special order forms for books (Heinritz and Farrell, 1971, p. 91):

+ Name and address of the purchasing company

+ Identifying order number

+ Date of the order

+ Name of the vendor, or supplier. (The hospital's general form gives the full address. A special book order procedure for the library would use a separate form for each title, with additional information, such as vendor's address, given on a form cover letter.)

+ Delivery date required (for books, on the form cover letter)

+ Shipping instructions (for books, on the form cover letter)

+ Description of materials ordered. (On the hospital's general form this space is sometimes inadequate. The description of a book should include author, title, edition number, publisher, year published, and any other distinguishing feature such as series title, and volume number within a series.. For the description of a journal, see the special section on subscriptions, p. 47 .)

+ Quantity of each title ordered, and unit price

+ Signature authorizing the order (for books, on the form cover letter)

Since the same information is needed for many uses, the purchase order is generally typed once on a carbon form having several copies to a set.

To avoid duplication of orders -- ordering the same thing on two dates or from two different suppliers -- the hospital needs one uniform record by name of item purchased. Sometimes there are separate records for those already received and for those still on order, not yet received. In the stock room this is the inventory record. In the library it is the card catalog. Some librarians interfile their on-order cards in the card catalog. This is a help to library users and the librarian has only one place to look in checking new orders against possible duplication. Other librarians maintain a separate on-order file. Large libraries often maintain duplicate files. If the hospital does not use a separate form for each title ordered, the librarian can file the original data card from the desiderata file, with the date and order number stamped on it.

Another file is kept by purchase order number. The purchase order is authorized by the business office, and a number is assigned to the purchase order. At the same time, the total estimated cost of the order is encumbered against the library fund. This encumbrance is subtracted from the fund just as if the bill had already been paid. This keeps the library from placing new orders aginst money it has already spent. If the order is encumbered at full price, then the amount of the discount must be added back into the library fund when the order is completed. If rising prices cause the total cost to exceed the encumbrance, the difference must be subtracted from the library fund. From order placement to completion or cancellation, a record is kept on the supplier's performance. What is the total net cost of each invoice received? What is the average discount on this order? (A current record of average discounts will help you make a more accurate estimate when you encumber your next order.) What are the back-order reports for each title not received? How many titles are never received at all? If the supplier is not performing as expected, letters or form reminders are sent. When the completion date arrives, all items not received are automatically cancelled and any balance or deficit from the encumbrance is entered on the library fund. The purchase order record becomes performance data for selection (or rejection) of this supplier in the future.

PURCHASE REQUISITION NO.

SUGGESTED VENDOR: Caduceus Books, Anywhere, U.S.A.

The authorized signatures below certify that the above items are NEEDED, AUTHORIZED, and WITHIN BUDGET:

Mary Jones Library	6/10/72				6/15/72
Prepared by (Department)	Date	Authorized Requester (Materials Manager)	Date	Administrator	Date

PURCHASE ORDER

PURCHASE ORDER NO. RX 785

VENDOR:

Caduceus Books
Anywhere, U. S. A.

SHIP AND INVOICE TO:

Mercy Hospital
5400 Huntington Drive
Victorville, Utah 84196

Department	Dept. Number(s)/Project Number(s)	Req. Delivery Date
Medical Library		9/15/72

Terms	Ship Via	Deliver F.O.B. Job Site	Prepay — Attach Bill	Buyer
	Best Way	☐	☐	

Item	Quantity	Unit	Specifications			Unit Price	Total Price
			Mfr.	Catalog No.	Description		
					17 titles as per attached list.		$375.00

—INSTRUCTIONS—

1. Render all invoices in triplicate.
2. Give order number on all invoices, packing slips.
3. Discounts: Invoices lacking terms will be discounted on 2%-10Day.
4. Hospital will delay payment as long as vendor delays shipment
5. For vendor's convenience, several purchase orders may be listed on one invoice.

Fig. 10 Sample Purchase Order Form, used as cover letter for 17 individual book order slips.

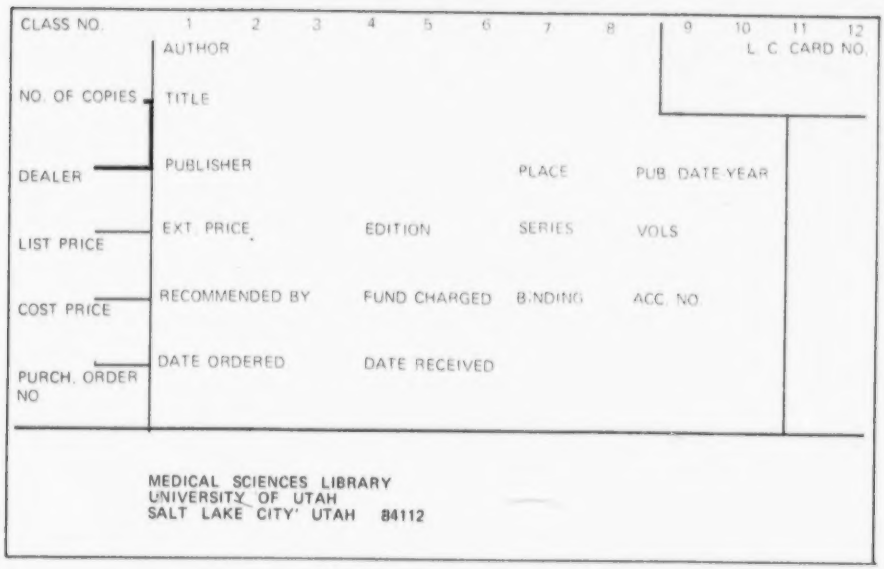


Fig. 11. Book Order Form, (1) used by the Spencer S. Eccles Medical Sciences Library, University of Utah. Similar multiple-part forms are available from library supply houses.

Author			Quantity
Title			(ed., ser., vols.)
Card order no.	Publisher (city)		Pub. date
Date ordered	ISBN or catalog no.		Price
Supplier	Requested by		Fund
Purchase order no.	Book rec'd.	Cards rec'd	Net Cost
Ship and bill to: Mercy Hospital Library 5400 Huntington Drive Victorville, Utah 84196			

Fig. 12. Book Order Form, (2) adapted from Daniel Melcher (1971, p. 30). In our own version space is provided for special order numbers such as those required by the Superintendent of Documents. Melcher allows space for the book's classification number. This type of form is not yet available except on special order.

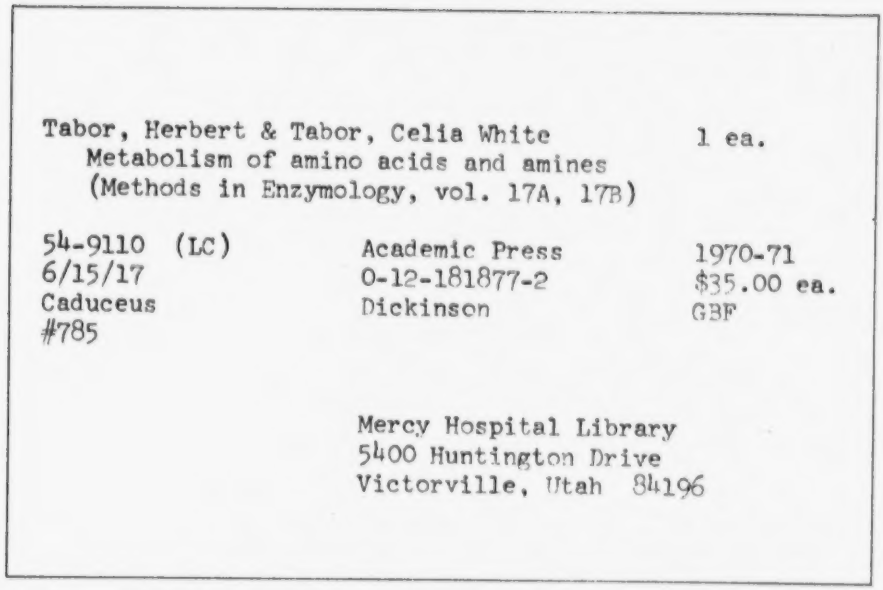


Fig. 13. Book Order Slip. Melcher points out that it is not necessary to have printed forms for book order slips. Plain paper and carbon copies can be used. if a uniform format is followed. This format is based on that in Fig. 12. Net cost and receipt dates, if needed, can be entered in longhand. The library address must be stamped on each slip sent to the jobber.

If the receiving room operates separately from the rest of the purchasing office it will need its own copy of the purchase order, since the receiving room makes many of the quality checks and notations discussed above. Hopefully, the library will act as receiving room for all purchases of hospital books. The merchandise must be compared to the purchase order for author, title, edition number, publisher, year published, and any other distinguishing feature that will identify the material ordered. The receiving room returns any faulty merchandise, merchandise sent in error, or second shipment of merchandise already received. Appropriate corrections are made on the supplier's invoice.

The invoice is the listing of each item in a shipment, and the amount of payment due. Often the invoice also gives reports on items not sent. The invoice itself does not include a full description of the merchandise. Often it gives only the author's last name and a short title. Direct comparison of the book against the purchase order is necessary for accurate identification.

When the invoice is reconciled with the shipment received, it is approved for payment and sent to the purchasing office. Untrained receiving room clerks, accustomed to checking in cases of canned goods for the dietary department, may accept similar titles in place of those ordered, just as the supplier's warehouse clerk did in filling the order. If the librarian has not seen the shipment and approved the invoice, a check of the invoice against the file copy of the purchase order is the only chance the purchasing office has to double-check for errors. This is a risky check at best. When the invoice is approved for payment it is sent to the business office.

So far we have studied the <u>need</u> for several different office records. The needs we have listed are minimal. Your own purchasing office may meet these needs with various forms and procedures. Division of responsibility between library and purchasing results in better quality checks. This sharing of responsibility may make special forms necessary, or more copies of the same purchase order form which is used for other departments.

Let us now reconsider forms and proceudres as they contribute to the <u>work-flow sequence</u> of ordering:

1. The library committee (or a book selection committee) approves the purchase of specific titles for the library, staying within the balance of the library's budget.

2. The librarian completes any missing order information, and verifies the total list price. At this point the order is still on desiderata cards ("want list" cards) with a tape from the adding machine wrapped around the bundle to indicate the total list price.

3. The librarian consults with the purchasing director and selects a supplier for this order. At this point or at any subsequent stage the purchasing director may take over the order procedure; or the librarian may complete the order up to posting in the mail.

4. A purchase order number is assigned and a realistic encumbrance is entered against the library budget, in the business office. If your supplier has been giving you a consistent 10% discount, you would be wise to encumber (tie up money) at the total list price less 10%. Any price increases will probably be offset by cancellations. As you reach the end of your fiscal year, you must be very careful in the way you handle your encumbrance. You should discuss this with your purchasing office. If all funds must be spent before the end of the fiscal year, you can place a final order for "in-stock items only" with a list of acceptable substitute titles to be supplied up to the total cost of the original list.

5. The order is typed on standard purchase order forms, in as many copies as your system needs. The library should receive at least one copy of the typed version for its own files. It is very important that the data on newly ordered titles be interfiled with the library's inventory control record ("on-order" file or public catalog) before the order is mailed. This is the last chance to eliminate duplication. If you use a separate order slip for each title, interfile a copy of the typed order form. If you list all titles on a single sheet, interfile the old desiderata cards from which the order was typed. Other copies of the purchase order forms are distributed to the offices which need them. The vendor's (supplier's) copy is mailed, and the material is officialy "on order."

6. The initial shipment is received and checked against a) the original order, and b) the supplier's invoice.

   Faulty or unordered merchandise is noted on the invoice and returned. Items invoiced but not received are noted. Sometimes these were really never sent; sometimes they have gone through the mailroom and been delivered to the wrong department in the hospital. If they cannot be found, they must be deleted from the invoice and reported to the supplier.

7. The invoice is double-checked by a supervisor (librarian or purchasing officer) and approved for payment. Reports on "shorts" are entered on the purchase order record. Cancellations are reported to the librarian for possible reordering.

8. The amount due on the invoice is cancelled from the library's encumbrance and added to the library's expenditure. The money is no longer being held for payment; the payment is actually made.

9. Additional shipments are checked in, as described in 6 through 8.

10. About four weeks after the date of the order, the purchase order record is checked for performance. The supplier is reminded of the specified cancellation date, and status reports are requested on all unreceived items.

11. When the order is completed, through delivery or cancellation, the balance of the encumbrance is cancelled and added back into the cash available for new orders.

12. Items reported as received by purchasing, but not received in the library, must be ferreted out of the other hospital departments which received them by mistake.

13. Any items still not received are screened by the librarian for possible reordering. These may be reordered from the publisher or from the same supplier, but the whole procedure starts over with a new purchase order number, new time limit for delivery, and new encumbrance.

14. When the new books are processed and ready for use, their catalog cards (or other permanent record) are filed in the catalog (or inventory) and the "on-order" record is removed.

Melcher (1971) gives a detailed description of the Montclair, New Jersey Public Library's purchasing procedure, using four-part order forms, Maurice Tauber (1953) provides a contrast in his description of the acquisition department at Columbia University, which used an 8-part order form at the time of his writing. If your own ordering is done by your purchasing office, you will find that your details of procedure are much different from these two examples, even though the general functions of all order systems are alike. A good text on purchasing, such as Heinritz and Farrell (1971), will help you understand your own purchasing department better. Through better understanding of your hospital's system, you may see ways to incorporate ideas from the library systems. If you insist on copying a straight library purchasing procedure, you will end by doing all the work yourself. This is not what you want, unless your library is very large. In the average hospital library you want more help from purchasing, not less. You can get that help by suggesting special procedures for book purchases that are compatible with the other procedures of the purchasing office.

Special Procedures for Serials

Standing Orders

Annuals and irregular serials are entered as standing orders by your regular jobber or by the publisher. This means that the supplier sends each new volume automatically without waiting for a special order. If the jobber carries the order, this implies that you have been happy with his services and expect to stay with him. If you are shopping around from one jobber to another, then it is better to enter your standing orders directly with the publishers. Since standing orders are shipped and billed as published, you have many invoices to pay and many ledger entries to make; hence there is little difference in your office cost between jobber and publisher as supplier.

Some jobbers are definitely better organized for handling standing orders than other jobbers are. Unfortunately, all of them will tell you that they welcome standing orders, but some behave later as if this were the last priority in their operation. If the jobber performs well in other respects, you may decide to stay with him except for this one service. Your best clue in forecasting a jobber's actual behavior is his reputation with other libraries in the handling of their standing orders.

The greatest hazard in standing orders is duplication. When a special request is made for a new title in a series, how will you know if it is already on order? How will you prevent re-ordering the one separate issue?

Your routine control against duplication is the card catalog. It is helpful to library users as well as to the librarian if a signal card is filed immediately in front of the entry for the series title. Of course this implies that the series title will be entered on the data card used in preparing the order (the desiderata or "want list" card) and that the series title will be searched in addition to the author or other main entry, in searches against duplication.

Standing orders may represent a significant part of the library budget. You could have a problem in trying to hold funds in reserve to meet payment for these materials. It could be helpful to treat standing orders, even from various suppliers, as a single order. This is done by assigning the first purchase order number of each year to the standing orders, leaving the supplier's name and item descriptions blank, but estimating a total cost for encumbering. Items are posted on the purchase order record as received. If the total exceeds the amount encumbered, a new purchase order is written for remaining standing orders. (You may have to review your standing orders and cancel some of them.) A few weeks before the end of the fiscal year, any balance on the standing order encumbrance is cancelled and added back into available, "spendable" funds.

This procedure has been used successfullly in a library which does its own book purchasing. Another method might be needed if the purchasing office handles receiving of library purchases.

Class No.	AUTHOR (Surname first)
	Tabor, Herbert & Tabor Celia White
Accession No.	TITLE
Date Ordered	Metabolism of Amino Acids and Amines
Date Received	Edition or Series / Volumes
	Methods in Enzymology / 17A, 17B
Dealer	Place and Publisher / Year / List Price
	Academic Press / 1970 71 / $35.00 ea. vol.
No. of Copies Ordered	No. of Copies / Illustrator
1	1 ea.
Cost	Recommended by / Approved by
	J. D. Smith (locally)
L. C. Card No.	Reviewed in / Fund Charged
	Booklist Mch. 15 '72

Fig. 14. Series Title on Desiderata Card.

QU
25
C733

Methods in enzymology.
Colowick, Sidney P. ed.
Methods in enzymology, edited by Sidney P. Colowick and Nathan O. Kaplan.
New York, Academic Press, 1955 -

For holdings, see main entry.

STANDING ORDER

This library maintains a standing order for the series represented by the following card.

(Methods in enzymology)

Fig. 15. Catalog Card For Series Title, with signal card.

Class No. QU 25 C733	AUTHOR (Surname first) Standing Order Colowick, Sidney P. & Kaplan, Nathan
Accession No.	TITLE Methods in Enzymology
Date Ordered 4-7-55	
Date Received	Edition or Series Volumes 1- date
Dealer	Place and Publisher: Academic Press Year: 1955-date List Price: X (varies)
No. of Copies Ordered	No. of Copies Illustrator
Cost	Recommended by Approved by
L. C. Card No.	Reviewed in Fund Charged

Fig. 16. Desiderata Card Used for a Standing Order, in a separate "on-order" file. This card would never be found on a search against duplicate orders. Since it is filed under the editor's name.

Subscriptions

Purchase orders for subscriptions follow the general principles of purchasing, but are always paid in advance, before the merchandise is received. Subscriptions placed for a definite period of time can be compared to single-title orders. A new order to the supplier is needed if the subscription is to be renewed beyond the date originally specified. Subscriptions placed for automatic renewal "until forbid" could be thought of as a standing order.

In budgeting, funds for subscription renewals must always be subtracted from the library's funds before new titles (serial or non-serial) are considered for purchase. An annual reconsideration of the journal list is wise. The service needs of the hospital change. Journals should not be kept on the subscription if they are no longer useful to library users.

You and your purchasing officer should discuss renewal procedures with your subscription agent, to determine the most satisfactory way of handling renewals. Term subscriptions may be entered for one, two, or three years, with better rates on multiple years. However, term subscriptions for multiple years must be staggered to equalize the annual cost to the library. Automatic renewals save your own office costs for renewing and often give the advantage of multiple-year rates, while providing annual billing.

Subscription orders must include this description for each journal:

+ Title of the journal (and city of publication, if there is more than one journal or edition carrying the same title)
+ Number of years the subscription is to be carried.
+ Date (and/or volume number) which is to begin the subscription.
+ Date (and/or volume number) which is to end the subscription.
+ Subscription list price (price per year)
+ Number of subscriptions for this title (number of copies of each issue to be delivered).

Subscription orders must be sent to the agent about eight or ten weeks before the subscription is scheduled to begin. Subscriptions ordered in mid-October will be invoiced in mid- or late- November for a January 1 beginning date. In order to batch the work and simplify procedures, it is wise to order journals no oftener than twice a year, with no more than two expiration dates per year (usually June 30 and December 31). As noted earlier, this is a worthy goal, but a few subscriptions will inevitably slip off schedule. This is another case for automatic renewals: your agent can manage all of that for you.

When the journals start arriving, be sure that you get what you have paid for. Each issue of each journal must be checked in. It would be impossible for the receiving room to do this job for the library. The librarian must develop a system for recording issues received, identifying issues not received, and making prompt claims from the agent (or the publisher, if the agent is not performing well). If your own claim is not prompt, you cannot blame the agent if the issue is out of print before you can get it. Journal check-in forms are available from many suppliers of library office forms. Kardex and other visible record forms are helpful in identifying issues not received. A sample note-book form for small libraries is given in Figure 17.

Your journal check-in form should include spaces for the journal title, frequency of publication, name of the supplier, the expiration date of the subscription, and the date and/or number of the supplier's invoice. This invoice number and/or date is necessary in all correspondence with the supplier. Enter invoice and expiration data in pencil, since this information changes every year or two. In the case of regularly-received gift copies, the donor's name is listed as supplier. Library holdings prior to the current year may be listed in the assigned "library has"

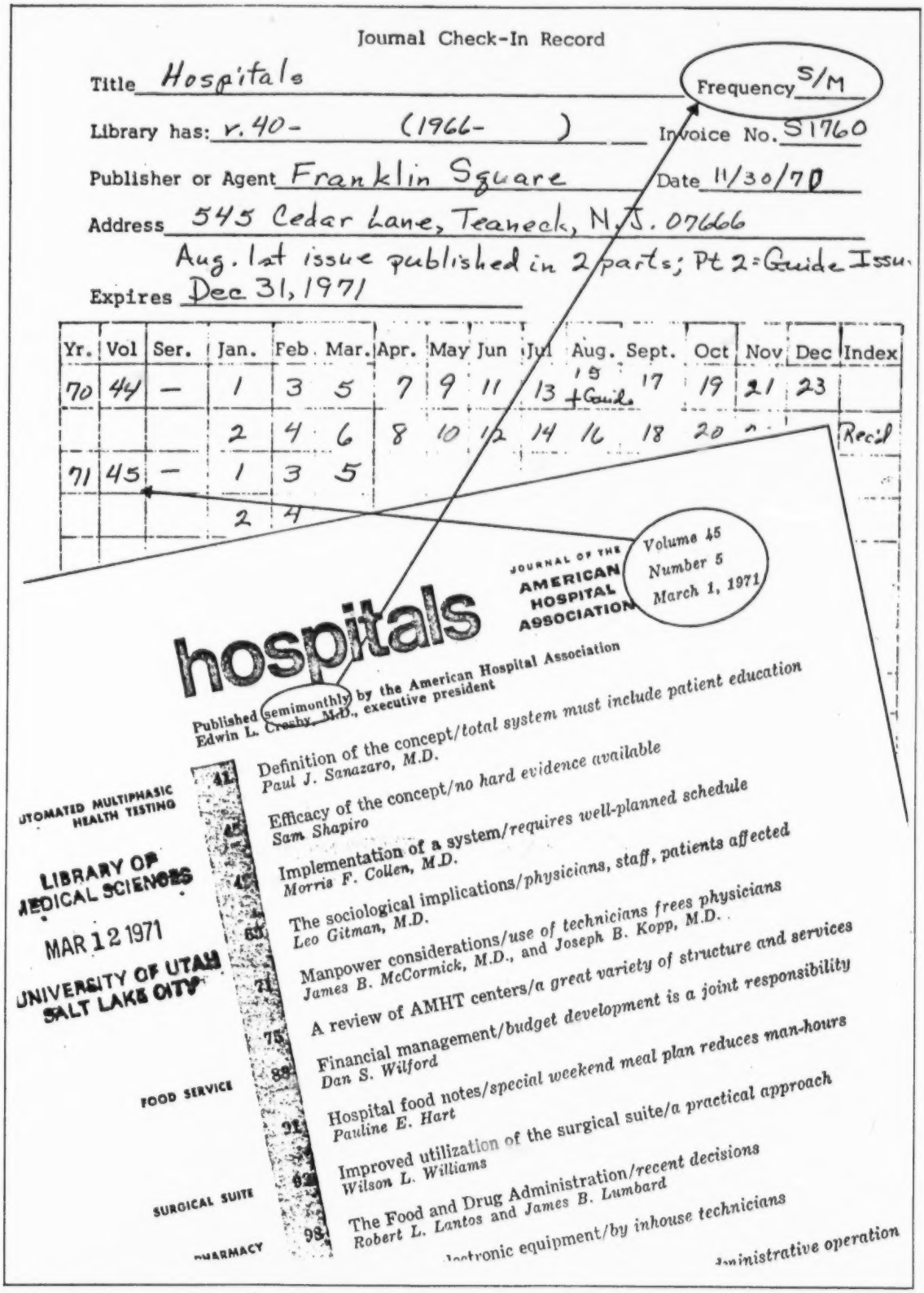

Journal Check-In Record
Title Hospitals
Frequency S/M
Library has: v.40- (1966-)
Invoice No. S1760
Publisher or Agent Franklin Square
Date 11/30/70
Address 545 Cedar Lane, Teaneck, N.J. 07666
Aug. 1st issue published in 2 parts; Pt 2=Guide Issu
Expires Dec 31, 1971
Yr. Vol Ser. Jan. Feb. Mar. Apr. May Jun Jul Aug. Sept. Oct Nov Dec Index
70 44 - 1 3 5 7 9 11 13 15 +Guide 17 19 21 23
2 4 6 8 10 12 14 16 18 20
71 45 - 1 3 5
2 4
Recd
hospitals
JOURNAL OF THE AMERICAN HOSPITAL ASSOCIATION
Volume 45
Number 5
March 1, 1971
Published semimonthly by the American Hospital Association
Edwin L. Crosby, M.D., executive president
Definition of the concept/total system must include patient education
Paul J. Sanazaro, M.D.
Efficacy of the concept/no hard evidence available
Sam Shapiro
Implementation of a system/requires well-planned schedule
Morris F. Collen, M.D.
The sociological implications/physicians, staff, patients affected
Leo Gitman, M.D.
Manpower considerations/use of technicians frees physicians
James B. McCormick, M.D., and Joseph B. Kopp, M.D.
A review of AMHT centers/a great variety of structure and services
Financial management/budget development is a joint responsibility
Dan S. Wilford
Hospital food notes/special weekend meal plan reduces man-hours
Pauline E. Hart
Improved utilization of the surgical suite/a practical approach
Wilson L. Williams
The Food and Drug Administration/recent decisions
Robert L. Lantos and James B. Lumbard
AUTOMATED MULTIPHASIC HEALTH TESTING
FOOD SERVICE
SURGICAL SUITE
PHARMACY
LIBRARY OF MEDICAL SCIENCES
MAR 12 1971
UNIVERSITY OF UTAH SALT LAKE CITY

Fig. 17. Journal Check-In adapted from Colaianni and Mirsky (1970, p. 27)

space at the top of thy record card. Use pencil if this information changes frequently. Do not attempt a too-detailed record of your older holdings. This is usually more time-consuming than the results warrant. Save your time for service.

The frequency of publication is usually given on the contents page of each journal, along with the volume number, the number of the issue in that volume, and the date. Sometimes the frequency of publication must be found with the listing of editors, address, subscription price, etc. If you cannot find the frequency, look in Ulrich's Periodicals or ask a larger library to help you.

Before claiming an issue not received, be sure to notice the frequency of publication and the expiration date. You will be very embarassed if you claim a journal you assume to be monthly, if it is quarterly and not yet published, or if you have not renewed it. Also, be sure to check other offices in the hospital. The missing issue may have been delivered to the wrong office.

Personal Orders for Staff

The librarian is often asked to handle personal orders for members of the hospital staff. These are materials for personal use, paid by the staff member from his own personal funds. Great care must be taken that these orders do not become confused with hospital orders, either in accounting or in the receiving room. If possible, these orders should carry instructions that the material be addressed to the staff member's home. If the books must be addressed to the hospital, use all your influence to have the staff member's name included in the addressing instructions. Suggest this form in such cases:

Dear Sirs,

Please send me one copy each of the following titles. Enclosed is my personal check for the total list price.

Author. Title. (Edition)
Publisher Price
Author. Title. (Edition)
Publisher Price

Total enclosed $

Address these items to:
Mr. John Jones, X-Ray Laboratory
Mercy Hospital,. . . etc.

Sincerely,

Sometimes a staff member expects the hospital library to put his personal orders on library letterhead or purchase forms, so that he can collect the institutional discount. If this is done, the procedure must be cleared with the purchasing office. The amount due on the invoice is offset by the staff member's personal check. To insure credit to the hospital's account, the librarian must write the invoice number on the check and staple the check to the payment copy of the invoice. This is done routinely in some libraries, and the publishers have no objection. There is usually no difficulty as long as the order is not batched with a hospital order. However, there are several ways in which this practice can create trouble:

+ Your local book store won't like it. This may not be important to you in a private hospital in a large city, if you have a broad base of support. However, government-related hospitals and hospitals in smaller communities need all the good will they can cultivate. Also, you may need the help of your local book dealer some day in locating an out-of-print book.

+ If a personal check is ever credited to the wrong account there will be havoc in your account office. Some of this can be lessened by having your procedures worked out in advance.

+ The staff member may delay paying for the book until the hospital (or you) must meet payment for him.

Before using the hospital's account for personal orders, discuss this matter carefully with your administrator. You can almost predict that the purchasing office will not want to offer this service and the library committee will, so it is easy for the librarian to be caught between the two positions. The practice can be justified as a library service to the staff. It can also be criticized as a waste of office time for which the hospital is paying. Remember that the discount pays for the retailer's office time. When the staff member uses the hospital account, it is the staff member, not the library, who collects the discount. Personal orders on this basis are definitely a fringe benefit to the staff member, and one that increases hospital expense.

If this question is raised, your administrator must make the decision after hearing the arguments on both sides. The decision then becomes a part of the library's service policy, and is a part of the definition of your proper duties as librarian. If the administrator should decide to offer personal orders as a fringe benefit to the staff, be sure that he also approves a definite procedure for collecting the net amount due, in the event of non-payment.

LEGAL RESPONSIBILITY OF THE LIBRARIAN

Anyone working in a purchasing system is aware of their legal responsibility for accuracy and truthfulness in approving invoices for payment. The merchandise received must be actually received and actually used by the institution. Little needs to be said on this point.

Most librarians are not aware of the responsiblity they are taking when they make value estimates on gifts, as is often requested by donors for tax purposes. Any librarian who signs a statement of value is actually declaring herself an expert on old and rare book values, and may be called to account by the Internal Revenue Service in the same way as the accountant who prepared the tax form.

The librarian may assist the donor in arriving at a value by finding publicly-advertised prices of in-print and out-of-print books. However, it is a rare librarian who can tell from an advertisement whether the donor's copy of a book is in as good condition as the advertised copy, or whether the present market would pay as high a price.

Figure 18 shows the deed of gift form used by the Spencer S. Eccles Medical Sciences Library. On this deed it is the donor who stands responsible for the valuation. This deed is signed in duplicate by the library's authorized representative, and sent to the donor for the valuation and signature to be added. One copy is kept by the donor for his own records. One copy is returned to the library and filed for whatever future reference may be needed.

If the donor feels the need of a second opinion to corroborate his own, the librarian or local book dealer may recommend a bona fide expert to make the valuation. College and university libraries and medical resource libraries can assist in locating knowledgeable bookmen who can perform this service with accuracy.

MEDICAL SCIENCES LIBRARY
THE UNIVERSITY OF UTAH
MEDICAL CENTER
SALT LAKE CITY 84112

DEED OF GIFT

I/We_____,
the undersigned, of _____, County of
_____, State of _____,
transfer to the University of Utah, Medical Sciences Library, an educational and eleemosynary institution, all my/our right, title, interest, and literary property rights in and to the following described personal property:

having a total aggregate of _____dollars. It is intended by the undersigned that the above conveyance and transfer be a final and complete inter vivos gift, to be complete and final upon delivery of the above described property.

DONORS

Date_____ _____

_____

_____

RECEIPT

Receipt of the gift of the above described personal property by and on behalf of the University of Utah Medical Sciences Library is hereby acknowledged.

MEDICAL SCIENCES LIBRARY

By_____
Authorized Representative

Fig. 18. Deed of Gift

EXPANDING YOUR KNOWLEDGE OF ACQUISITIONS

In this handbook we have briefly reviewed the problems and routines handled by most librarians in average hospital libraries -- but no library is average. You will not be in acquisition work long before you meet a problem we have not discussed. Even so, you are not the first person who has had that problem. Fortunately, librarians and bookmen like to exchange ideas and experiences, and much of this is done in print.

Maurice Tauber (Technical Services in Libraries, 1954) covers the whole range of "acquisitons, cataloging, classification, binding, photographic reproduction, and circulation operations" in 487 pages. Some of the current practices described are no longer current, but sound principles of work in technical services are presented. Tauber emphasizes practices in large libraries but you can get valuable ideas and simplify them for your own use. This is still a basic text in libary schools.

Daniel Melcher (Melcher On Acquisition, 1971) provides information on the book and journal trade, balancing Tauber with a commercial viewpoint as well as currency in this rapidly-changing line of business. This book could be termed a librarian's guide to dealing with the book trade. There are also suggestions for improving the library's own financial operations.

Stuart Heinritz and Paul Farrell (Purchasing: Principles and Applications, 1971) are quite good for general, non-library purchasing. This was the best introductory text that came to hand when a reference was needed in preparing this handbook. There are many other good purchasing texts in college and public libraries which would broaden your viewpoint.

Gertrude Wulfekoetter (Acquisition Work: Processes Involved in Building Library Collections, 1962) is not specifically cited in this text since her book was not locally available at the time of writing. However, her influence permeates the experience on which this handbook is based. Anyone who anticipates handling problems of out-of-print books, back runs of journals, foreign imports, or special subject collections will benefit from reading Wulfekoetter's comments.

Mary D. Carter and Wallace J. Bonk (Building Library Collections, 1969) also offer helpful suggestions on acquisitons, and are as widely-quoted as Wulfekoetter.

These books and others can be borrowed on interlibrary loan through your resource library. Additonal titles can be found in Subject Guide to Books in Print under the headings "Acquisitions (Libraries)," and "Searching, Bibliographical."

Every writer on acquisitions writes largely from his own experience. Since every library, and its parent institution, is unique, you sometimes have problems which are not answered by the generalized advice given in books. You need a broad range of viewpoints and specific cases before you have enough background to handle your own unique problem. Here you need journal articles written by librarians and published in journals for librarians. The index to these library journals is Library Literature. Since its coverage is not limited to medical libraries, you can find this index in college and public libraris as well as in your medical resource library. Articles are indexed under "Acquisitions," "Book Selection" and "Technical Services" with cross references to other closely-related subjects. Photocopies of these articles may be obtained on interlibrary loan, although the conditions for obtaining them may be different from the medical articles you receive.

Many journals indexed in Library Literature are carried in public and college libraries for the use of their own staff. One journal of special value in acquisitions is Library Resources and Technical Services, a publication of the American Library Association, Resources and Technical Services Division.

Besides the value you get from reading the journals, a visit to the staff collection of a local libary is a very good way to get acquainted with their staff. Sometimes the best help of all comes from discussion of mutual problems. Don't ever be afraid of exposing your ignorance to someone else who is more experienced. There is nothing more flattering or rewarding to the seasoned professional than a chance to share his experience with a neophyte.

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Cumulative Index to Nursing Literature. (Bi-monthly) Seventh-Day Adventist Hopsital Association, P. O. Box 871, Glendale, California 91209. $25/yr.

Current Contents. (Weekly) Institute for Scientific Information, 325 Chestnut Street, Philadelphia, Pennsylvania 19106.
In 5 parts:
Agriculture, Food and Veterinary Sciences. $75/yr.
Behavioral, Social and Educational Sciences. $75/yr.
Engineering and Technology. $75/yr.
Life Sciences. $75/yr.
Physical and Chemical Sciences. $75/yr.

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Monthly Check List of State Publications. (Monthly). Catalog No. LC30.9:(vol. nos. & nos.) (e.g.: 1972, LC30.9:63.1-12) G.P.O.** $6.50/yr.

National Library of Medicine Current Catalog. Monthly issues (author entry only) catalog No. HE20.3609:(v. nos. & nos.) (eg: 1972, HE20.3609:7.1-12) G.P.O.** $7.50/yr.
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